

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009307

**Entity Name:** FRANKLIN'S FRIENDS INC.**Current Principal Place of Business:**901 VERSAILLES CIR  
MAITLAND, FL 32751**Current Mailing Address:**901 VERSAILLES CIR  
MAITLAND, FL 32751**FEI Number:** 46-1111664**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD STE A  
TAMPA, FL 33612 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title            PRESIDENT  
Name            SETH, MONISHA  
Address        901 VERSAILLES CIR  
City-State-Zip: MAITLAND FL 32751

Title            VP  
Name            DOUGLAS, ANTHONY  
Address        901 VERSAILLES CIR  
City-State-Zip: MAITLAND FL 32751

Title            SECRETARY  
Name            MARX, HILARY  
Address        1600 HURON TRAIL  
City-State-Zip: MAITLAND FL 32751

Title            TREASURER  
Name            GRAY, SHARI  
Address        823 MILLS ESTATE PLACE  
City-State-Zip: CHULUOTA FL 32766

Title            DIRECTOR  
Name            LEROY, CRYSTAL  
Address        13802 RIVER PATH GROVE DRIVE  
City-State-Zip: ORLANDO FL 32826

Title            DIRECTOR  
Name            ELY, DIANNE  
Address        823 MILLS ESTATE PLACE  
City-State-Zip: CHULUOTA FL 32766

Title            DIRECTOR  
Name            BUTLER, STEVE  
Address        310 BOUGIVAL COURT  
City-State-Zip: ORLANDO FL 32828

Title            DIRECTOR  
Name            COLLAZO, BECKY  
Address        1037 PRINCESS GATE BLVD  
City-State-Zip: WINTER PARK FL 32792

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY DOUGLAS

VP

02/15/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

|                 |                  |
|-----------------|------------------|
| Title           | DIRECTOR         |
| Name            | BUTLER, MICHELE  |
| Address         | 310 BOUGIVAL CT  |
| City-State-Zip: | ORLANDO FL 32828 |