

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90036 048 \*\*\*\*61.25  
 06-07-2001 90006 009 \*\*\*\*\*8.75

DOCUMENT # **N00000005405**

1. Entity Name

**FRIENDS, OF OUR NATIONS HEROES, INC.**

Principal Place of Business

Mailing Address

**303 LITTLERIDGE CT  
 ORANGE PARK FL 32065**

**303 LITTLERIDGE CT  
 ORANGE PARK FL 32065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**303 LITTLERIDGE CT**  
 City & State  
**ORANGE PARK, FL.**

Suite, Apt. #, etc.  
**303 LITTLERIDGE CT.**  
 City & State  
**ORANGE PARK, FL.**

4. FEI Number  
**31-1760071**

Applied For  
 Not Applicable

Zip  
**32065**

Country  
**USA**

Zip  
**32065**

Country  
**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEW, SHELBY J  
 303 LITTLERIDGE CT  
 ORANGE PARK FL 32065**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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

*Shelby J. Dew*

*Feb 19-2001*

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Founder/Chairman</b> <b>Shelby J. Dew</b> <b>303 Littlebridge Ct.</b> <b>ORANGE PARK FL 32065</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President / Fund raiser</b> <b>Mary Kowless</b> <b>4245 Wesch Blvd</b> <b>Jax, FL 32207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Tom Mc Elfresh</b> <b>Admin. Officer</b> <b>2165 Joseph Jones</b> <b>ORANGE PARK, FL 32073 Ct.</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Annie Mc Elfresh</b> <b>Sec. / Program Developer</b> <b>2165 Joseph Jones Ct</b> <b>Orange Park FL 32073</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WEBMASTER / Public</b> <b>David Mc Elfresh</b> <b>ms. Conatella</b> <b>117 Royal Cir. Kingland</b> <b>31548</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Military Advisor</b> <b>Harold W. Dew</b> <b>303 Littlebridge Ct.</b> <b>ORANGE PARK, FL 32065</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Robert Dew</b> <b>5564 Ribbon Rose Dr.</b> <b>JAX, FL 32258</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Randall Dew</b> <b>2349 GLENTIQUAN DR.</b> <b>ORANGE PARK, FL 32073</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SUZANNE Dew</b> <b>2349 GLENTIQUAN DR.</b> <b>ORANGE PARK, FL 32073</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Walter Johnston</b> <b>1329 Kingsley Ave. S-D</b> <b>ORANGE PARK, FL 32073</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shelby J. Dew*

*April 28-01 1-904-272-1912*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #