

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-20-2002 90123 027 ****61.25

UNIFORM BUSINESS REPORT (UB

DOCUMENT # N00000004785

1. Entity Name

FRIENDSHIP COMMUNITY'S HOUSING, EDUCATION DEVELOPMENT CORPORATION

Principal Place of Business

385 S BURNETT RD
COCOA FL 32926

Mailing Address

385 S BURNETT RD
COCOA FL 32926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BUCKNER, ELDER EDWARD
385 S BURNETT RD
COCOA FL 32926

4. FEI Number

APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reissuing)

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

TITLE ☐ Delete
NAME **DP BUCKNER, ELDER EDWARD**
STREET ADDRESS **385 S BURNETT RD**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
NAME **DV BATTLE, IZEAL**
STREET ADDRESS **385 S. BURNETT RD.**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
NAME **D BRYANT, BILLIE**
STREET ADDRESS **385 S. BURNETT RD.**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
NAME **DST BROWN, RUBY**
STREET ADDRESS **385 S. BURNETT RD.**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 so added, or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

636-6850 X204

Daytime Phone #