

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90425 005 ****70.00

DOCUMENT # N99000001447 1. Entity Name FRIENDSHIP COMMUNITY DEVELOPMENT, INC.					
Principal Place of Business 385 S. BARNETT RD. COCOA, FL 32926				Mailing Address 385 S. BARNETT RD. COCOA, FL 32926	
2. Principal Place of Business 385 S. Burnett Rd		3. Mailing Address 385 S. Burnett Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006 Chg-NP CR2E037 (11/05)	
City & State Cocoa, FL		City & State Cocoa, FL		4. FEI Number 59-2597924	
Zip 32926		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, SAM 385 S. BARNETT RD. COCOA, FL 32926			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	ROBERTS, SAM				
CITY-ST-ZIP	3130 IPSWICH DRIVE COCOA, FL 32926				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	BRANT, BILLIE				
CITY-ST-ZIP	3705 BROPHY BLVD. COCOA, FL 32926				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	BATTLE, IEAL				
CITY-ST-ZIP	325 S. BURNETT RD. COCOA, FL 32926				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	STD BRITT, RUBY				
CITY-ST-ZIP	3782 CATALINA DR. COCOA, FL 32926				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	D BRAGGS, GUSSIE				
CITY-ST-ZIP	3811 KENNEDY CIR. COCOA, FL 32926				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>SAM ROBERTS</u> SAM ROBERTS					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-27-06 321-632-3686 <small>Date Daytime Phone #</small>	