

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N00000008093

**Entity Name:** THE FRIENDSHIP ASSOCIATION, INC.

**Current Principal Place of Business:**

7265 A1A SOUTH  
D1  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

7265 A1A SOUTH  
D1  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 59-3675072

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAGLIUCA, SALLY  
7265 A1A SOUTH  
D-1  
ST. AUGUSTINE, FL 32080 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            DIXON, RONALD DR  
Address        514 11TH STREET  
City-State-Zip: ST. AUGUSTINE (NORTH BEACH) FL  
                         32086

Title            DIRECTOR  
Name            WEEKS, LEN MR  
Address        62 HYPOLITA ST.  
City-State-Zip: ST. AUGUSTINE FL 32084

Title            D, SECRETARY  
Name            RHEAUME KIRKHAM, LORNA MS  
Address        236 BIG MAGNOLIA COURT  
City-State-Zip: ST AUGUSTINE FL 32080

Title            DIRECTOR  
Name            KATHLEEN, HENNESSEY MS  
Address        2901 CALMANTE AVE.  
City-State-Zip: SUPERIOR CO 80027

Title            DIRECTOR  
Name            PAGLIUCA, SALLY MS  
Address        7265 A1A SOUTH  
                         D1  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            TREASURER  
Name            MCINTIRE, JO D.  
Address        7265 A1A SOUTH, APT. D-1  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title            DIRECTOR  
Name            ROYER, NANA MS  
Address        6 WILLOW DR  
City-State-Zip: ST. AUGUSTINE FL 32080

*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:** MCINTIRE , JO D.

**TREASURER**

**04/18/2024**

Electronic Signature of Signing Officer/Director Detail

Date