

**2013 FLORIDA NOT FOR PROFIT CORPORATION 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**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                        |
| Address         | 514 11TH STREET                      |
| City-State-Zip: | ST. AUGUSTINE (NORTH BEACH) FL 32086 |

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

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

|                 |                          |
|-----------------|--------------------------|
| Title           | DIRECTOR                 |
| Name            | BROWN, CATHY             |
| Address         | 29 SEVILLA STREET        |
| City-State-Zip: | SAINT AUGUSTINE FL 32084 |

|                 |                          |
|-----------------|--------------------------|
| Title           | SECRETARY                |
| Name            | PAGLIUCA, SALLY          |
| Address         | 7265 A1A SOUTH, APT. D-1 |
| City-State-Zip: | ST. AUGUSTINE FL 32080   |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | JONES, ALBERTO      |
| Address         | 1 BLACKFOOT CT.     |
| City-State-Zip: | PALM COAST FL 32137 |

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR               |
| Name            | PAIDAS, GEORGE         |
| Address         | PO BOX 840264          |
| 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****01/02/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date