2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 25, 2016
Secretary of State
CC9071956071

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 01/25/2016

Electronic Signature of Signing Officer/Director Detail — Date