

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004520

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

**Current Principal Place of Business:**

7226 LAUREL LANE  
PARKLAND, FL 33067

**Current Mailing Address:**

6574 N. STATE ROAD 7 #236  
COCONUT CREEK, FL 33073 US

**FEI Number:** 90-0719846

**Certificate of Status Desired:** No

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

WILSON, KAREN ANNE  
7226 LAUREL LANE  
PARKLAND, FL 33067 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:** KAREN ANNE WILSON

04/20/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            NOVICK, SAMANTHA  
Address        4072 NW 63 STREET  
City-State-Zip: COCONUT CREEK FL 33073

Title            DIRECTOR  
Name            YSELONIA, KELLI  
Address        5302 NW 87 WAY  
City-State-Zip: CORAL SPRINGS FL 33067

Title            DIRECTOR, TREASURER  
Name            WILSON, KAREN  
Address        7226 LAUREL LANE  
City-State-Zip: PARKLAND FL 33067

Title            DIRECTOR  
Name            NOVICK, JASON  
Address        4072 NW 63 STREET  
City-State-Zip: COCONUT CREEK FL 33073

Title            DIRECTOR  
Name            LEVY, CHERILYN  
Address        5718 NW 46TH DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067

Title            DIRECTOR, VP  
Name            BLANCO, PAOLA  
Address        8500 NW 7TH STREET  
City-State-Zip: PEMBROKE PINES FL 33024

Title            DIRECTOR, VP  
Name            WEISSMAN, HEATHER  
Address        9484 KENLY COURT  
City-State-Zip: PARKLAND FL 33076

Title            DIRECTOR  
Name            LEVY, DAVID  
Address        9484 KENLY COURT  
City-State-Zip: PARKLAND FL 33076

**Continues on page 2**

*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:** KAREN WILSON

**TREASURER**

04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            COOPER, JENNIEFER GERSTL  
Address        7621 EAST CYPRESSHEAD DRIVE  
City-State-Zip:  PARKLAND FL 33067