

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006793

**Entity Name:** EAST CENTRAL FLORIDA FRIENDSHIP FORCE, INC.

**Current Principal Place of Business:**

C/O ZAYNE SIBLEY  
806 E.16TH AVENUE  
NEW SMYRNA BEACH, FL 32169-3408

**Current Mailing Address:**

C/O ZAYNE SIBLEY  
806 E.16TH AVENUE  
NEW SMYRNA BEACH, FL 32169-3408 US

**FEI Number:** 45-1653646

**Certificate of Status Desired:** No

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

SIBLEY, ZAYNE  
806 E.16TH AVENUE  
NEW SMYRNA BEACH, FL 32169-3408 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 PD  
Name SIBLEY, ZAYNE  
Address C/O ZAYNE SIBLEY  
806 E. 16TH AVENUE  
City-State-Zip: NEW SMYRNA BEACH FL 32169-3408

Title PD, VP  
Name TUCKER, RICHARD  
Address 5510 S. ATLANTIC AVENUE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title VD, OTHER, MEMBERSHIP  
Name GILLISSE, JOYCE  
Address 3035 ROYAL PALM DRIVE  
City-State-Zip: EDGEWATER FL 32141-6120

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:** ZAYNE D. SIBLEY

**PRESIDENT**

**04/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date