# 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

SIGNATURE: THOMAS J. HANNON

Electronic Signature of Signing Officer/Director Detail

## 2650 ENTERPRISE ROAD

**Current Principal Place of Business:** 

DOCUMENT# N1200000965

CLEARWATER, FL 33763

### **Current Mailing Address:**

2650 ENTERPRISE ROAD CLEARWATER, FL 33763

### FEI Number: 45-4377731

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

Entity Name: FRIENDS HELPING FRIENDS AZOC, INC.

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

HANNON, THOMAS J 2685 SPYGLASS DRIVE CLEARWATER, FL 33761 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:

#### Officer/Dire

Title	Ρ	Title	VP
Name	HANNON, THOMAS J	Name	HENDERSON, BRYAN
Address	2685 SPYGLASS DRIVE	Address	2650 ENTERPRISE ROAD
City-State-Zip:	CLEARWATER FL 33761	City-State-Zip:	CLEARWATER FL 33763

KE:						
	Electronic Signature of Registered Agent					
rec	tor Detail :					
	P	Title	VP			
	HANNON, THOMAS J	Name	HENDERSON, BRYAN			
	2685 SPYGLASS DRIVE	Address	2650 ENTERPRISE ROAD			

above, or on an attachment with all other like empowered. PRESIDENT

09/11/2013

FILED Sep 11, 2013 Secretary of State CC5894743787

Certificate of Status Desired: Yes

Date

Date