

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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Jan 16, 2020

Entity Name: FRANKLIN'S FRIENDS INC.

Secretary of State

4015621846CC

Current Principal Place of Business:

901 VERSAILLES CIR
MAITLAND, FL 32751

Current Mailing Address:

901 VERSAILLES CIR
MAITLAND, FL 32751

FEI Number: 46-1111664

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD
SUITE 36
ORLANDO, FL 32822 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 SETH, MONISHA
Address 901 VERSAILLES CIR
City-State-Zip: MAITLAND FL 32751

Title VP
Name DOUGLAS, ANTHONY
Address 901 VERSAILLES CIR
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name LEROY, CRYSTAL
Address 13802 RIVER PATH GROVE DRIVE
City-State-Zip: ORLANDO FL 32826

Title DIRECTOR
Name BUTLER, STEVE
Address 12991 ISLAMORADA DRIVE
City-State-Zip: ORLANDO FL 32837

Title SECRETARY
Name BUTLER, MICHELE
Address 12991 ISLAMORADA DRIVE
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR
Name CASWELL, JANA
Address 1104 N. PENINSULA AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR
Name CAPITANO, TONY
Address 119 QUEENS COURT
City-State-Zip: SANFORD FL 32771

Title TREASURER
Name SPRAGUE, SHELLEY
Address 1550 LAKEHURST AVENUE
City-State-Zip: WINTER PARK FL 32789

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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: MONISHA SETH

PRESIDENT

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name FREEMAN, KIM

Address 3300 EXCHANGE PLACE

City-State-Zip: LAKE MARY FL 32746