

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009307

Entity Name: FRANKLIN'S FRIENDS INC.

Current Principal Place of Business:

901 VERSAILLES CIR
MAITLAND, FL 32751

FILED
Jan 22, 2024
Secretary of State
9344022208CC

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.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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 16219 DEER CHASE LOOP
City-State-Zip: ORLANDO FL 32828

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 CAPITANO, TONY
Address 697 BROAD OAK LOOP
City-State-Zip: SANFORD FL 32771

Title TREASURER
Name SPRAGUE, SHELLEY
Address 1830 GIPSON GREEN LANE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name FREEMAN, KIM
Address 3300 EXCHANGE PLACE
City-State-Zip: LAKE MARY FL 32746

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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: ANTHONY DOUGLAS

VICE PRESIDENT

01/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name MICHAEL, THOMAS

Address 2120 HIDDEN PINE LANE

City-State-Zip: APOPKA FL 32712