

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001259

Entity Name: FRIENDS FOR EXTENSION FOUNDATION, INC.

Current Principal Place of Business:

25550 HARBORVIEW RD
UNIT 3
PORT CHARLOTTE, FL 33980

Current Mailing Address:

P O BOX 510239
PUNTA GORDA, FL 33951

FEI Number: 65-0826017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIEVEKING, SUZANNE
5230 BLACKJACK CIRCLE
PUNTA GORDA, FL 33982 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 PVPD
Name SIEVEKING, ROBERT J
Address 5230 BLACKJACK CIRCLE
City-State-Zip: PUNTA GORDA FL 33982

Title TD
Name SIEVEKING, SUZANNE
Address 5230 BLACKJACK CIRCLE
City-State-Zip: PUNTA GORDA FL 33982

Title SD
Name SCHURR, JANE
Address 25550 HARBORVIEW RD
UNIT 3
City-State-Zip: PORT CHARLOTTE FL 33980

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: SUZANNE SIEVEKING

TREASURER, DIRECTOR 01/06/2016

Electronic Signature of Signing Officer/Director Detail

Date