

**2014 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 KEENE, ROLANDA  
Address 1314 DEWITT STREET  
City-State-Zip: PORT CHARLOTTE FL 33952

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**

**01/07/2014**

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

\_\_\_\_\_  
Date