I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my e	ectronic 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	t my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE [,] SUZANNE SIEVEKING	TREASURER DIRECTOR	01/09/2020

SIGNATURE: SUZANNE SIEVEKING

Electronic Signature of Registered Agent

Officer/Director Detail :

SIGNATURE:

Title	PVPD	Title	TD
Name	SIEVEKING, ROBERT J	Name	SIEVEKING, SUZANNE
Address	5230 BLACKJACK CIRCLE	Address	5230 BLACKJACK CIRCLE
City-State-Zip:	PUNTA GORDA FL 33982	City-State-Zip:	PUNTA GORDA FL 33982
Titlo	SD		
Title	SD		
Title Name	SD SCHURR, JANE		
	-		

FEI Number: 65-0826017

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.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001259

Entity Name: FRIENDS FOR EXTENSION FOUNDATION, INC.

Current Principal Place of Business:

1120 O'DONNELL BLVD .. PORT CHARLOTTE, FL 33953

Current Mailing Address:

P O BOX 510239 PUNTA GORDA. FL 33951

Certificate of Status Desired: No

Jan 09, 2020 Secretary of State 8497661617CC

Date

FILED

Date

TREASURER, DIRECTOR

Electronic Signature of Signing Officer/Director Detail