**ANNUAL REPORT (AR)** 

## **DOCUMENT # 747481** FILED 1. Entity Name Feb 20, 2006 08:00 AM Secretary of State FRIENDS AND CHBIST TOGETHER, INCORPORATED Principal Place of Business Mailing Address 4215 76TH STREET WEST 4215 76TH STREET WEST **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2037185 Not Applicat Zιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGHES, KENNETH Street Address (P.O. Box Number is Not Acceptable) 4215 76TH STREET WEST **BRADENTON FL 33505** City Zip Code 6. 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. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if approachs (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 支持される 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD T173 E ☐ Delete TIKE ☐ Change U00000439857 HUGHES, KENNETH MAME NAME STREET ADDRESS 4215 76TH STREET W. 03/02/06-80019-003 61.25 STREET ADDRESS BRADENTON FL CRTY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete TIME ☐ Change Addition HUGHES, PATRICIA NAME NAME 4215 76TH STREET W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** DITY-ST-ZIP SD TITLE Detete. TITLE Change □A\*\*\* HUGHES-DENTON, NICOLETTE P NAME STREET ADDRESS 4215 76TH STREET W. STREET ADDRESS CITY-ST-21P **BRADENTON FL** CITY-ST-ZIP TITLE Defete TITLE ☐ Change Admini NAME HUGHES, CARLA J STREET ADDRESS 4215 76TH ST W STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP TITLE Detete 1171LE □ Change Addition | NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-ZIP ☐ Delete HILE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-JIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under call; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.