

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90177 004 ****70.00

DOCUMENT # 754424

1. Entity Name
FRIENDSHIP COMMUNITY AID, INC.



Principal Place of Business
**385 SOUTH BURNETT RD
COCOA, FL 32926 US**

Mailing Address
**385 SOUTH BURNETT RD
COCOA, FL 32926 US**

DO NOT WRITE IN THIS SPACE

04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2597924	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUCKNER, EDWARD REV.
385 S. BARNETT ROAD
COCOA, FL 32926**

**DO NOT WRITE
IN THIS SPACE**

8. 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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATTLE, IZEAL 325 S BURNETT ROAD COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCKNER, EDWARD 3703 BROPHY BLVD. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAGGS, GUSSIE 3811 KENNEDY CIRCLE COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>Britt, Ruby M.</i> BROWN, RUBY M. 3782 CATALINA DR. COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04