

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90115 038 ***550.00

DOCUMENT # M90870

1. Entity Name

FRIENDSHIP ENTERPRISES OF GAINESVILLE, INC.



Principal Place of Business

1734 S.E. HAWTHORNE ROAD
GAINESVILLE FL 33675

Mailing Address

1622 SE 15TH AVENUE
GAINESVILLE FL 32641
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip **32641**

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REDDICK, JOSEPHINE
1734 S.E. HAWTHORNE ROAD
GAINESVILLE FL 33675

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME PERRY, ADDIE JEAN
STREET ADDRESS 1137 NE 24TH TERR.
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE TD ☐ Delete
NAME BUTLER, ALVIN
STREET ADDRESS 601 NW 4TH ST
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☒ Delete
NAME BROWN, GAIL
STREET ADDRESS 1622 SE 15TH AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Delete
NAME BOWLES, PAULINE
STREET ADDRESS 1008 NE 24TH TERR.
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE PD ☐ Delete
NAME REDDICK, JOSEPHINE
STREET ADDRESS PO BOX 23824
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Delete
NAME BOWLES, PAULINE
STREET ADDRESS 1008 NE 24TH TERR
CITY-ST-ZIP GAINESVILLE FL 32641

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME Hayes, Gladys
STREET ADDRESS 2128 NE 7th Avenue,
CITY-ST-ZIP Gainesville FL 32641

TITLE D ☐ Change ☒ Addition
NAME Mae Chisholm
STREET ADDRESS 2525 NE 13th Ave
CITY-ST-ZIP Gainesville FL 32641

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

Josephine Reddick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/04
Date

(352) 372-2333
Daytime Phone #