


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

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90117 024 \*\*\*\*70.00

<b>DOCUMENT # N00000004784</b> 1. Entity Name <b>FRIENDSHIP VILLA'S MANAGEMENT &amp; CONSULTING CORPORATION</b>	
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Principal Place of Business <b>385 S BURNETT RD COCOA, FL 32926</b>	Mailing Address <b>385 S BURNETT RD COCOA, FL 32926</b>
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**DO NOT WRITE IN THIS SPACE**



04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3731883</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**BUCKNER, ELDER EDWARD  
385 S BURNETT RD  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCKNER, ELDER EDWARD 385 S BURNETT RD COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BATTLE, IZEAL 385 S BURNETT RD COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGGS, GUSSIE 385 S BURNETT RD COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BROWN, RUBY <i>BRITT</i> 385 S BURNETT RD COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **4/29/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #