## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004784

FILED Apr 28, 2009 Secretary of State

Entity Name: FRIENDSHIP VILLA'S MANAGEMENT & CONSULTING CORPORATION

Current Principal Place of Business: New Principal Place of Business:

385 S BURNETT RD 385 S BURNETT RD COCOA, FL 32926 COCOA, FL 32926 US

Current Mailing Address: New Mailing Address:

 385 S BURNETT RD
 385 S BURNETT RD

 COCOA, FL 32926
 COCOA, FL 32926

FEI Number: 59-3731883 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUCKNER, ELDER EDWARD
385 S BURNETT RD
COCOA, FL 32926 US

BUCKNER, EDWARD ELDER
385 S BURNETT RD
COCOA, FL 32926 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.

SIGNATURE: EDWARD BUCKNER 04/28/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 BUCKNER, ELDER EDWARD
 Name:
 BUCKNER, EDWARD ELDER

 Address:
 385 S BURNETT RD
 Address:
 385 S BURNETT RD

City-St-Zip: COCOA, FL 32926 City-St-Zip: COCOA, FL 32926 US

Title: DV () Delete Title: (X) Change ( ) Addition BATTLE, IZEAL Name: BATTLE, IZEAL Name: Address: 385 S BURNETT RD Address: 385 S BURNETT RD City-St-Zip: COCOA, FL 32926 City-St-Zip: COCOA, FL 32926 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 BRAGGS, GUSSIE
 Name:
 BRAGGS, GUSSIE

 Address:
 385 S BURNETT RD
 Address:
 385 S BURNETT RD

 City-St-Zip:
 COCOA, FL 32926
 City-St-Zip:
 COCOA, FL 32926 US

Title: DST ( ) Delete Title: DST (X) Change ( ) Addition

 Name:
 BRITT, RUBY
 Name:
 BRITT, RUBY

 Address:
 385 S BURNETT RD
 Address:
 385 S BURNETT RD

 City-St-Zip:
 COCOA, FL 32926
 City-St-Zip:
 COCOA, FL 32926 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD BUCKNER DP 04/28/2009