


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004785	
1. Entry Name FRIENDSHIP COMMUNITY'S HOUSING, EDUCATION DEVELOPMENT CORPORATION	

Principal Place of Business 385 S BURNETT RD COCOA, FL 32926	Mailing Address 385 S BURNETT RD COCOA, FL 32926
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04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3725060	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, 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 _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

~~U00000155263~~ *A.H.*
~~05/05/04-80029-024 55.00~~

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 BRYANT, BILLIE 385 S. BURNETT RD. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BROWN, RUBY 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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05/05/04-80029-024 70.00

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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:  **4/29/04** Date Daytime Phone # _____