

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90059 033 ****70.00

DOCUMENT # N00000004785					
1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3725060				Applied For Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUCKNER, ELDER EDWARD 385 S BURNETT RD COCOA, FL 32926			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 _____ (NOTE: Registered Agent signature required when re-registering)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BUCKNER, ELDER EDWARD 385 S BURNETT RD COCOA, FL 32926	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BATTLE, IZEAL 385 S. BURNETT RD. COCOA, FL 32926	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRYANT, BILLIE 385 S. BURNETT RD. COCOA, FL 32926	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BROWN, RUBY 385 S. BURNETT RD. COCOA, FL 32926	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		Edward Buckner President 4/15/07 (321) 636-6980			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					