

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90140 013 \*\*\*\*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**



04102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BUCKNER, ELDER EDWARD
STREET ADDRESS	385 S BURNETT RD
CITY-ST-ZIP	COCOA, FL 32926
TITLE	DV
NAME	BATTLE, IZEAL
STREET ADDRESS	385 S. BURNETT RD.
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	BRYANT, BILLIE
STREET ADDRESS	385 S. BURNETT RD.
CITY-ST-ZIP	COCOA, FL 32926
TITLE	DST
NAME	BROWN, RUBY
STREET ADDRESS	385 S. BURNETT RD.
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/08**

Date

Daytime Phone #

**(321)  
636-6980**

**X204**