NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State
05-05-2003 91161 018 ****61.25

DOCUMENT # N00000005456

1. Entity Name

FIGHTING ELDER ABUSE TOGETHER, INC.

DO NOT WRITE IN THIS SPACE

000130133

55049650

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
591 JUPITER BLVD. NW Suite, Apt. #, etc.	591 JUPITER BLVD. NW Suite, Apt. #, etc.	59-3688154 ☐ Applied For ☐ Not Applicable
City & State: PALM BAY FL	City & State: PALM BAY FL	
Zip: 32907 Country: BREVARD	Zip: 32907 Country: BREVARD	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JUDITH K. AHLER FRIDDLE

Street Address (P.O. Box Number is Not Acceptable): 591 JUPITER BLVD. NW

City: PALM BAY FL Zip Code: 32907

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: Judith K Ahler Friddle JUDITH K. AHLER FRIDDLE 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE: DPST NAME: AHLER FRIDDLE, JUDITH K. STREET ADDRESS: 591 JUPITER BLVD. NW CITY-ST-ZIP: PALM BAY FL 32907	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DIRECTOR NAME: BARBARA Hongsteberic STREET ADDRESS: 8094 BUCKLAKE Road CITY-ST-ZIP: Tallahassee, FL. 32311	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NANCY BRYANT, DIRECTOR NAME: STREET ADDRESS: 3001 Sequoya CITY-ST-ZIP: Prescott, AZ. 86301	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Judith K Ahler Friddle JUDITH K. AHLER FRIDDLE 4/30/03 321-984-8883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

June 17, 2003

To: Florida Dept. of State
Div. of Corp.
P.O. Box 1500
Tallahassee, Fl. 32302-1600

55049650
~~#~~N00000005456

Ref. Number N00000005456
Letter ~~5/20/2003~~ - copy enclosed

Please accept my apologies for the confusion & delay in filing the correct information. My accountants office completed the original form. I took for granted it was done according to requirements & Signed ~~[illegible]~~ (with out the director's names entered)

In the meantime I have been hospitalized with a blood clot and later in physical therapy. I am the 24 hr. caregiver for my 87 year old mother. The last two months for Me have been overwhelming!! Mother has had respiratory & heart problems.

Any delay was not deliberate. I hope if there are fees above the $61.25 they can be waived. Please advise me. I greatly appreciate your help in this matter. Thank you.

~~Judith A Miller Fridelle~~

Judith Miller Fridelle, Pres 321-984-8883
Fighting Elder Abuse Together, Inc.
591 Jupiter Blvd. N.W. Palm Bay, Fl. 32907