

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 25, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000006505**1. Entity Name
FRIENDS HOUSING COALITION, INC.Principal Place of Business
RT. 1 BOX 10-B
MONTICELLO FL 32344Mailing Address
RT. 1 BOX 10-B
MONTICELLO FL 32344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3692777Applied For
Not Applicable

Zip Country

Zip Country

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

DAVIS CLIFFORD L
310 N. JEFFERSON ST.MONTICELLO FL
32344 US

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.

SIGNATURE **05/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPD ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
CHASE JOSHUA MR.
P.O. BOX 1326
GAINESVILLE FL 32602TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPD ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
COOKSEY, JR. JENNINGS BMR.
11908 MANDARIN ROAD
JACKSONVILLE FL 32223TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BULLOCH SUSAN S
RT. 1 BOX 10-B
MONTICELLO FL 32344S/T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
BULLOCH SUSAN P
RT. 1 BOX 10-B
MONTICELLO FL 32344TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BULLOCH, JR WILLIAM J
RT. 1 BOX 10-B
MONTICELLO FL 32344☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SUSAN P. BULLOCH S/T 05/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)