

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90025 035 ****66.25

DOCUMENT # N00000006505

1. Entity Name
FRIENDS HOUSING COALITION, INC.

Principal Place of Business Mailing Address
RT. 1 BOX 10-B **RT. 1 BOX 10-B**
MONTECELLO FL 32344 **MONTECELLO FL 32344**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **59-3692777** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, CLIFFORD L
310 N. JEFFERSON ST.
MONTECELLO FL 32344

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME	P BULLOCH, JR, WILLIAM J <input type="checkbox"/> Delete
STREET ADDRESS	RT. 1 BOX 10-B
CITY-ST-ZIP	MONTECELLO FL 32344
TITLE NAME	S/T BULLOCH, SUSAN P <input type="checkbox"/> Delete
STREET ADDRESS	RT. 1 BOX 10-B
CITY-ST-ZIP	MONTECELLO FL 32344
TITLE NAME	D COOKSEY, JR., JENNINGS B MR. <input type="checkbox"/> Delete
STREET ADDRESS	11908 MANDARIN ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE NAME	D CHASE, JOSHUA MR. <input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 1326
CITY-ST-ZIP	GAINESVILLE FL 32602
TITLE NAME	_____ <input type="checkbox"/> Delete
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Delete
STREET ADDRESS	_____
CITY-ST-ZIP	_____

TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *William J. Bulloch* SIGNATURE: *William J. Bulloch* **2-20-02** **850 997 1213**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)