

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90126 041 ****61.25

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DOCUMENT # N00000006505

1. Entity Name
FRIENDS HOUSING COALITION, INC.



Principal Place of Business
RT. 1 BOX 10-B
MONTICELLO FL 32344

Mailing Address
RT. 1 BOX 10-B
MONTICELLO FL 32344

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

4. FEI Number **59-3692777**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 reinstating)

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	P	<input type="checkbox"/> Delete
NAME	BULLOCH, JR, WILLIAM J	
STREET ADDRESS	RT. 1 BOX 10-B	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	BULLOCH, SUSAN P	
STREET ADDRESS	RT. 1 BOX 10-B	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOKSEY, JR., JENNINGS B MR.	
STREET ADDRESS	11908 MANDARIN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHASE, JOSHUA MR.	
STREET ADDRESS	P.O. BOX 1326	
CITY-ST-ZIP	GAINESVILLE FL 32602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *[Signature]* **8-26-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)