

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90198 008 ****61.25

DOCUMENT # N00000007910

1. Entity Name

FRIENDSHIP COMMUNITY OUTREACH DEVELOPMENT CORP.

Principal Place of Business

2111 NW 57TH TERRACE
 GAINESVILLE FL 32605

Mailing Address

2111 NW 57TH TERRACE
 GAINESVILLE FL 32605

2. Principal Place of Business

5921 N.W. 29th Terrace

3. Mailing Address

5921 N.W. 29th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number

59-3686112

Applied For

Not Applicable

Zip

32653

Country

Alachua

Zip

32653

Country

Alachua

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

MCKOY, ANNIE M
5921 NW 29TH TERRACE
GAINESVILLE FL 32653

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 **DP** ☒ Delete
 NAME **MACK, BOBBY L DR**
 STREET ADDRESS **2111 NW 57TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **DP** ☒ Change ☐ Addition
 NAME **McKoy Annie M**
 STREET ADDRESS **5921 N.W. 29th Terrace**
 CITY-ST-ZIP **Gainesville, FL 32653**

TITLE **DVP** ☐ Delete
 NAME **CHISHOLM, CLEM**
 STREET ADDRESS **5003 NW 30TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **MCKOY, ANNIE M**
 STREET ADDRESS **5921 NW 29TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **BROWN, MARIETTA**
 STREET ADDRESS **5003 NW 30TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 33605**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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)(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:

ANNE MCKOY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-02 352-378-2106

CR2E037 (9/01)