

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90257 037 ****61.25

DOCUMENT # N01000004495 1. Entity Name FRIENDSHIP AND PEACE SOCIETY, INC.					
Principal Place of Business 3211 MAYFLOWER STREET SARASOTA, FL 34231				Mailing Address 3211 MAYFLOWER STREET SARASOTA, FL 34231	
2. Principal Place of Business 4334 Augustine Ave		3. Mailing Address 4334 Augustine Ave			
Suite, Apt. #, etc. SA		Suite, Apt. #, etc. 		02282005 Chg-NP CR2E037 (10/03)	
City & State Sarasota FL		City & State Sarasota, FL		4. FEI Number 65-1128197	
Zip 34231		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSSER, ELLEN 3211 MAYFLOWER STREET SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4334 Augustine Ave City Sarasota FL Zip Code 34231		
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 Ellen Rosser Ellen Rosser Feb. 28, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	PSD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSSER, ELLEN		NAME	Marta Ockuly	
STREET ADDRESS	3211 MAYFLOWER STREET		STREET ADDRESS	4334 Augustine Ave	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYONS, MAE		NAME	Lynn Kalish	
STREET ADDRESS	8400 VAMO ROAD		STREET ADDRESS	3806 Country Place Lane	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Sarasota, FL 34233	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DREYFUS, DAN		NAME	Michelle Christides	
STREET ADDRESS	3412 CLARK ROAD		STREET ADDRESS	5214 Winchester St.	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Sarasota, FL 34342	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKMAN, BRENDA		NAME	Ellen Rosser	
STREET ADDRESS	2110 LUSITANIA DR		STREET ADDRESS	4334 Augustine Ave.	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, BILL		NAME		
STREET ADDRESS	2537 WATERVIEW COURT		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPLETT, MARK		NAME		
STREET ADDRESS	2108 SHAWNEE ST		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		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: Ellen Rosser Ellen Rosser Feb. 28, 2005 9419226506 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					