


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 06, 2004 08:00 AM

Secretary of State

DOCUMENT # N01000006723	
1. Entity Name FAMILY AND FRIENDS UNITED, INC.	

Principal Place of Business 8536 PECONIS DR ORLANDO, FL 32835	Mailing Address PO BOX 680642 ORLANDO, FL 32868
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-3662317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WARNER, SHARON D 8536 PECONIC DR ORLANDO, FL 32835	DO NOT WRITE IN THIS SPACE
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: <u>Sharon Libraer - President</u>	DATE: <u>4/27/04</u>
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WARNER, SHARON D 8536 PECONIC DRIVE ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PARKS, JACKIE 7358 RIVERSIDE PL ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOSEPH, CORETTA 440 MEDALLION DR APT 816 ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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: <u>Sharon Libraer</u>	DATE: <u>4/27/04</u> (321) 947-5182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	