

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2005 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



04292005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3662317**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000366104  
05/11/05-80030-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WARNER, SHARON D
STREET ADDRESS	8536 PECONIC DRIVE
CITY - ST - ZIP	ORLANDO, FL 32835
TITLE	T
NAME	PARKS, JACKIE
STREET ADDRESS	7358 RIVERSIDE PL
CITY - ST - ZIP	ORLANDO, FL 32810
TITLE	V
NAME	JOSEPH, CORETTA
STREET ADDRESS	440 MEDALLION DR APT 816
CITY - ST - ZIP	ORLANDO, FL 32808
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)(f), 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: *Sharon Warner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

321-947-5182

Daytime Phone #