


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000007837 1. Entity Name FRIENDS OF THE POOR, INC.	
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Principal Place of Business 1232 SEA HAWK WAY PALM CITY, FL 34990	Mailing Address 597 SE CENTRAL PARKWAY STUART, FL 34990
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02142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 05-0538415	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 WALKS, RONALD 1232 SEA HAWK WAY PALM CITY, FL 34990
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTICE: Registered Agent signatures required when filing statement of change.)

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	000000132495 04/27/04-80049-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D WALKS, HUE 1232 SEA HAWK WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY ST ZIP	D WALKS, RONALD 1232 SEA HAWK WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY ST ZIP	D SULLIVAN, ROGER 5022 SW BIMINI CIR. N. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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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: Ronald E. Walks 23 Apr 2004 772-983-2448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone #

Ronald E. WALKS, President