

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # N02000007837

1. Entity Name
FRIENDS OF THE POOR, INC.



Principal Place of Business
1232 SEA HAWK WAY
PALM CITY, FL 34990

Mailing Address
597 SE CENTRAL PARKWAY
STUART, FL 34990



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0538415	Applied For <input type="checkbox"/> 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

**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's signature required when re-qualifying)

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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALKS, HUE
STREET ADDRESS	1232 SEA HAWK WAY
CITY- ST- ZIP	PALM CITY, FL 34990

TITLE	D
NAME	WALKS, RONALD
STREET ADDRESS	1232 SEA HAWK WAY
CITY- ST- ZIP	PALM CITY, FL 34990

TITLE	D
NAME	SULLIVAN, ROGER
STREET ADDRESS	5022 SW BIMINI CIR. N.
CITY- ST- ZIP	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	

U000000320807
04/21/05-80052-022 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Ronald K. Walks

19 Apr 2005 772-283-2148