# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000009062

1. Entity Name
FRIENDS OF JORDAN REID, INC.

**FILED**
**Mar 02, 2005 08:00 AM**
**Secretary of State**

| Principal Place of Business | Mailing Address |
|---|---|
| 1159 19 AVE SW<br>LARGO, FL 33778 | 1159 19 AVE SW<br>LARGO, FL 33778 |

02242005 No Chg NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
56-2304598
☑ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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 (NOTE: Registered Agent signature required if item 8 is completed)

**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 | PD |
| NAME | REID, JAMES R JR |
| STREET ADDRESS | 1159 19 AVE SW |
| CITY-ST-ZIP | LARGO, FL 33778 |
| TITLE | VD |
| NAME | REID, JAMES R III |
| STREET ADDRESS | 1159 19 AVE SW |
| CITY-ST-ZIP | LARGO, FL 33778 |
| TITLE | ST |
| NAME | PETTYJOHN, GENEVIEVE |
| STREET ADDRESS | 1159 19 AVE SW |
| CITY-ST-ZIP | LARGO, FL 33778 |
| TITLE | D |
| NAME | REID, LYNN M |
| STREET ADDRESS | 1159 19 AVE SW |
| CITY-ST-ZIP | LARGO, FL 33778 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/02/05-80059-011 70.00

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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:** Lynn M Reid 2-25-05 (727) 455-1138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #