

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000003163

1. Entity Name
FRIENDSHIP RESOURCE IN EDUCATION AND
NEIGHBORHOOD DEVELOPMENT SERVICES, INC.



Principal Place of Business
5775 BEN BOSTICK ROAD
QUINCY, FL 32351 US

Mailing Address
5775 BEN BOSTICK ROAD
QUINCY, FL 32351 US

FILED

05 JUN -6 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06062005

Chg-NP

CR2E037 (10/03)

4. FEI Number

02-0717582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPRADLEY, CEDRIC D
682 MILLWOOD DRIVE
HAVANA, FL 32333

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SPRADLEY, CEDRIC D
STREET ADDRESS 682 MILLWOOD DRIVE
CITY-ST-ZIP HAVANA, FL 32333

TITLE V ☐ Delete
NAME MATHEWS, HOWARD SR.
STREET ADDRESS 2116 ATLANTA STREET
CITY-ST-ZIP QUINCY, FL 32351

TITLE S ☐ Delete
NAME IVEY, BARBARA
STREET ADDRESS 3535 ROBERTS AVE
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE T ☐ Delete
NAME JOHNSON, WILLIE
STREET ADDRESS 824 W WASHINGTON ST
CITY-ST-ZIP QUINCY, FL 32351

TITLE CP ☐ Delete
NAME BURNS, MARY
STREET ADDRESS P. O. BOX 513
CITY-ST-ZIP QUINCY, FL 32353

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

8/6/6

800055834328
06/07/05--01001--013 **\$66.50

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:

Cedric D. Spradley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-05

Date

(850) 875-4002

Daytime Phone #