

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000011188

1. Entity Name
**FRIENDS HELPING FRIENDS, HURRICANE RELIEF &
OTHER, INC.**



Principal Place of Business
**5731-4 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32254 US**

Mailing Address
**5731-4 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32254 US**



05082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3751631

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRAWFORD, L.E.
5731-4 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32254**

**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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRAWFORD, L.E.
STREET ADDRESS	5731-4 COMMONWEALTH AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	D
NAME	ROZIER, MARGARET
STREET ADDRESS	5731-4 COMMONWEALTH AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	D
NAME	BRANCH, AMBER D
STREET ADDRESS	7525 TOWNSEND ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/07-80002-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

L.E. Crawford - PRESIDENT 5/8/07

(904) 504-3802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #