

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90032 031 ****61.25

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08262005 Chg-NP CR2E037 (10/03)

DOCUMENT # N23760 1. Entity Name FRIENDS BROADCASTING, INC.					
Principal Place of Business C/O TOM CRAWFORD 2180 SE MORNINGSID BLVD. PORT ST. LUCIE, FL 34952			Mailing Address C/O TOM CRAWFORD 2180 SE MORNINGSID BLVD. PORT ST. LUCIE, FL 34952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRAWFORD, TOM 2180 SE MORNINGSID BLVD. PORT ST. LUCIE, FL 34952			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD
NAME	PHILLIPS, LEROY			NAME	Phillip, Leroy
STREET ADDRESS	1600 TILTON ROAD			STREET ADDRESS	5415 NW Clark Ave.
CITY-ST-ZIP	PT. ST. LUCIE, FL			CITY-ST-ZIP	Port St. Lucie, FL 34983
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	VPD
NAME	RIGGLE, RAY			NAME	Riggle, Ray
STREET ADDRESS	803 SE ROULETTE LANE			STREET ADDRESS	256 W. Caribbean, Golf Village
CITY-ST-ZIP	PT ST LUCIE, FL			CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	STD
NAME	AGLER, BEN			NAME	Williams, Raymond
STREET ADDRESS	1140 S.W. GREENBRIAR COV			STREET ADDRESS	848 SE Degan Drive
CITY-ST-ZIP	PT. ST. LUCIE, FL			CITY-ST-ZIP	Port St. Lucie, FL 34983
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Leroy Phillip</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>9-1-05</i> <small>Daytime Phone #</small>		