NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (LIRE)

FILED May 13, 2002 8:00 am

DOCUMENT # N 28927 1. Entity Name	Secretary of State 05-13-2002 90153 012 ****70.00
Good Friend, Inc.	
DO NOT WRITE IN THIS SP	PACE
Suite, Apt. #, etc. Suite, Apt. #, etc.	7482 DO NOT WRITE IN THIS SPACE
Civil State Penoacola, 4. 32526 Pensacola, Zip. Country USA Zip. 32534	4. FEI Number Applied For Not Applicable Country USA. 5. Certificate of Status Desired \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE City City Pensocale, H. Joydon T. Street Address (P.O. Box Number is Not Acceptable) City Pensocale, H. FL Zip Code 3 252 b 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. SIGNATURE To your T. Street Address of Current Registered Agent Name Joy W. H. Joy do w. H. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	
FEE IS \$61.25 9. Election Camp Initial or Amended UBR Trust Fund Cor	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICERS AND DIRECTORS TO NOT TO STREET ADDRESS OFFICERS AND DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP Pensacolo, M. Gail Tordar, M. Gail	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP Branden Ms. 39047 TITLE PARTIE ReiD, J. NathapieL 35 Box wood, Cr. Branden Ms. 39047	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY- ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

1; Thereby certify that the information supplied with this filling 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 on an attachment with an address, with all other tike empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Jordan II Apr 11, 2002