

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90215 033 ****61.25

DOCUMENT # N31468

1. Entity Name

THE FAMILY OF FRIENDS, INC.



Principal Place of Business

**2340 CELERY AVE
SANFORD FL 32771**

Mailing Address

**2340 CELERY AVE
SANFORD FL 32771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2946581**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LUX, BRAD
821 17TH AVE
NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent

Name **Jeannette K. Simmons**

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

2340 Celery Ave

City **Sanford**

FL

Zip Code

32771

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 **Jeannette K. Simmons**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/03

DATE

FILE NOW: FEE IS \$61.25

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 **VD** ☐ Delete
NAME **KEENAN, APRYL**
STREET ADDRESS **168 PROMENADE CIR**
CITY-ST-ZIP **HESTHROW FL 32746**

TITLE **TD** ☐ Delete
NAME **SPENCER, GEORGE**
STREET ADDRESS **312 SWEETWATER BLVD**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **SD** ☒ Delete
NAME **GUERIN, NANCY**
STREET ADDRESS **1239 OCEAN SHORE DR**
CITY-ST-ZIP **ORMOND BCH FL 32176**

TITLE **P** ☐ Delete
NAME **GUERIN, MIKE**
STREET ADDRESS **837 YALE DR**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **VD** ☐ Change ☒ Addition
NAME **Hugh Laughna**
STREET ADDRESS **4421 Windazlakes DR**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

CR2E037 (10/02)