Apriled For Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90166 037 ****70.00

DOCUMENT #	<u> </u>	134	228
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Corporation Name FRIENDS SERVIC	. , , ,	_•			
Principal Place of Business		Mailing Address			
211 N.W. 102 STREET MIAMI FL 39150 US		211 N.W. 102 STREET MIAMI FL 33150 US			
2. Principal Place of Busin	ess	2a. Mailing Addre	SS		
Suite, Apt. #, etc.		Suite, Apt. #,	etc.		
City & State		City & State			
Zip	Country	Zip	Country		

Date Incorporated or Qualifed 09/15/1989

4. FEI Number
NOT APPLICABLE

¬		City & State	¬ '		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	Country Zip Country			6. Election Campaign Financing			
Zip			າ ໌		Trust Fund Contribution	Added to Fees	
24	25 29 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
	V. Maine and Address of Content	rogistica Agent	81	Name		7	
	210111						
PELZER, DAGMAR			82	Street	et Acdress (P.O. Box Number is Not Acceptable)		
	102 STREET		83				
MIAMI FL	33150						
			84	City	FL	85) Zip C	ode
11 Dumunat	to the provisions of Sections 617 0500	and 617 1508 Florida Statutes.	the above	-name	ad as maration submits this statement for the purpose of	changing its r	registered
office or a	egistered agent or both in the State o	if Florida. Such change was auth	iorized by	the con	rporation's poard of directors, I nereby accept the appoin	milient as reg	jistered
agent. I a	m familiar with, and accept the obligati	Policy A	Dire	140	er & Regestered Asen	ブ	
SIGNATURE	Signature, typed or printed parge of registered agent				re required when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	CPD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	SELF, JOHN A		1.2 NAME				
STREET ADDRESS	3 PRINCE STREET		1.3 STREET	ADORESS	ss		
CITY-ST-ZIP	BELIZE CITY, CENTRAL AMERIC	CA	1.4 CITY-ST	r-ZIP			
TITLE	VTD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	WILLIAMS, LEONARD		2.2 NAME				
STREET ADDRE 3S	A PONIOR OTDEET		2.3 STREET	ADDRESS	ss		
CITY-ST-ZIP	DELIZE CITY OFNITONI AMEDICA		2. 4 CITY-S	T-ZIP			
TITLE	SD	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	CAMERON, GEORGE D		3.2 NAME		42 Prince St.		
STREET ADDRESS	2121 BAYSHORE DRIVE #411		3.3 STREET	ADDRESS	#3 Prince St. Belize City, Belize, C.	A.	
CITY-ST-ZIP	MIAMI FL 33137		3.4. CITY-S	T-ZIP	Delize dia p		
TITLE	0	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	CORDRAY, DICK		4. 2 NAME		1 , y tast No.		
STREET ADDRESS	2110 A THICKET PLACE		4.3 STREET	ADDRES	ss 6016 Trent Dr. Huntsville, AL 358/0	USA	
CITY-ST-ZIP	HUNTSVILLE AL 35802		4.4 CITY-S	r-zip	HUNTSVINE, AL 3500		
TITLE	D	DELETE	5.1 TITLE			☐ Change	Addition
NAME	Daghar, Pelzer		5.2 NAME				
STREET ADDRESS	211 N.W. 102 STREET	,	5.3 STREET	ADDRES	SS		
CITY-ST-ZIP	MIAMI FL 33150		5.4 CITY-\$	r-zip			
TITLE	D	☐ DELETE	6.1 TFTLE			☐ Change	Addition
NAME	JONES, CHUCK		6.2 NAME				
OTTOGET ADOPTED	2015 OZARD ROAD	'	6.3 STREET	FADORES	SS)		

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if chapted. If chapted in on any attachment with an address, with a 1 other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

2915 OZARD ROAD

CHATTANOOGA TN 37415