## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 14, 2000 8:00 am Secretary of State **DOCUMENT # N50086** 1. Entity Name FRIENDS OF THE HOMELESS INCORPORATED 09-14-2000 90011 049 \*\*\*\*70.00 Principal Place of Business Mailing Address 114 FAIRVIEW AVE. 110 FAIRVIEW AVE. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address 9 Her ae Cir DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 59-3133761 Not Applicable Ormona rmon \$8.75 Additional Country 5. Certificate of Status Desired 32174 Fee Required 2 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PRAY, DANIEL T SR 110 FAIRVIEW AVE. **DAYTONA BEACH FL 32114** Zip Code City 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 DANIEL SIGNATURE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition PD TITLE TITLE Delete DANIEL T. SR. NAME NAME PRAY, DANIEL T SR STREET ADDRESS 157 S MADISON DR STREET ADDRESS 129 HeriTage CITY-ST-ZIP CITY-ST-ZIP S PLAINFIELD NJ 07080 ☐ Addition Delete ☐ Change **VPD** TITLE TITLE AGUSTO, MICHAEL NAME STREET ADDRESS STREET ADDRESS 81 N WILD OLIVE AVE #8 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 Change ■ Addition TD: Delete TITLE TITLE SHARP, MARY NAME NAME STREET ADDRESS STREET ADDRESS 379 BROADWAY CITY-ST-ZIP CITY-ST-ZIP **BAYONNE NJ 07002** ☐ Change Addition TITLE Delete TITLE VAN OOSSANEN NAME NAME STREET ADDRESS STREET ADDRESS 310 PATERSON PLANK RD CITY-ST-ZIP CITY-ST-ZIP JERSEY CITY NJ 07307 Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

RDANIELT. PRAYSI 9

changed, or on an attache

SIGNATURE:

ent with an address

with all other like empowered.