

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
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90029 025 ****61.25

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DOCUMENT # N51020

1. Corporation Name

FRIENDSHIP SOCIETY, INC.

125143 90029 25 3

Principal Place of Business

200 REID STREET (REAR)
PALATKA FL 32177

Mailing Address

P.O. BOX 250 C/O W.L. TOWNSEND JR.
PALATKA FL 32178
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/24/1992

4. FEI Number

59-3155511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TOWNSEND JR., WILLIAM L
200 REID STREET
FIRST UNION BANK BLDG.
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name

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

83

Capital City Bank Bldg.

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME STEMBLER, WALLACE

STREET ADDRESS RT 1 BOX 428

CITY-ST-ZIP EAST PALATKA FL

TITLE VD ☐ DELETE

NAME ROCK, SUE

STREET ADDRESS HC1 BOX 450 119

CITY-ST-ZIP SATSUMA FL

TITLE D ☐ DELETE

NAME SMITH, TIM

STREET ADDRESS 614 RIVER ST

CITY-ST-ZIP PALATKA FL

TITLE D ☐ DELETE

NAME CAMPBELL, DEAN

STREET ADDRESS 419 HICKORY ACRES LN

CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME VIGH, BEVERLY

STREET ADDRESS 111 CRICKETT AVENUE

CITY-ST-ZIP PALATKA FL

TITLE S ☐ DELETE

NAME BLACK, BETTY

STREET ADDRESS RT 3, BOX 5820

CITY-ST-ZIP PALATKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

32131

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

32193

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

32177

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

32259

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

32177

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

32177

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Stembler **SIGNATURE REQUIRED**

2/3/99

(904) 328-6546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)