

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002503

1. Entity Name
FRIENDS OF NEFSH, INC.



Principal Place of Business

7487 S STATE RD. 121
MACLENNY, FL 32063 US

Mailing Address

7487 S STATE RD. 121
MACLENNY, FL 32063 US

DO NOT WRITE IN THIS SPACE



01242005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3016982

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALONEY, FRANK E JR
445 E MACCLENNY AVENUE
MACCLENNY, FL 32063

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TILL, EVELYN
STREET ADDRESS 2150 N A1A HWY 410
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE VPD
NAME EDWARDS, MARIA HUFF
STREET ADDRESS 1102 NW 4TH STREET
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE SD
NAME AUDELO, ELLEN
STREET ADDRESS 586 N WICKHAM #57
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE TD
NAME BERGERON, HAZEL
STREET ADDRESS 1072 MADRID RD
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000252567
03/05/05-80034-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #