

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

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90078 010 ****61.25

DOCUMENT # N93000002503

1. Entity Name

FRIENDS OF NEFSH, INC.



Principal Place of Business

**7487 S STATE RD. 121
MACCLENNY FL 32063
US**

Mailing Address

**7487 S STATE RD. 121
MACCLENNY FL 32063
US**

30011541



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3016982**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **RUDELO, ELLEN**
STREET ADDRESS **586 N WICKHAM #57**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **SD** ☐ Change ☐ Addition
NAME **Audeloy, Ellen (name spelling)**
STREET ADDRESS **586 N Wickham #57**
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **TD** ☒ Delete
NAME **COLLERAIN, IRMA**
STREET ADDRESS **10550 BAYMEADOWS RD #109**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **TD** ☐ Change ☒ Addition
NAME **Hazel Bergeron**
STREET ADDRESS **1072 Madrid Rd.**
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/03

Date

Daytime Phone #

CR2E037 (10/02)