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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004629 (2)

1. Corporation Name

THE FRIENDSHIP FELLOWSHIP AT PINEDA, INC.

Principal Place of Business	Mailing Address
P O BOX 580 COCOA FL 32923	P O BOX 580 COCOA FL 32923-0580 US

3. Date Incorporated or Qualified: 10/07/1993	3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3190674	☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21 3115 Tkacs Drive	26 3115 Tkacs Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Rockledge, FL	28 City & State: Rockledge, FL
24 Zip: 32955 25 Country: USA	29 Zip: 32955 30 Country: USA

9. Name and Address of Current Registered Agent

HOOPER, JAMES A
1517 N COCOA BLVD
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name

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

83

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	JANICE DELOACH		1.2 NAME	Richard Conway	
STREET ADDRESS	29 PARK AVE		1.3 STREET ADDRESS	373 Myrtlewood Road	
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	VP	☑ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	CATHERINE STANTON		2.2 NAME	Maurice Kurtz	
STREET ADDRESS	1976 TYLER RD		2.3 STREET ADDRESS	285 Temple St.	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME	SHERMAN, SID		3.2 NAME		
STREET ADDRESS	250 S. SYKE CREEK PKWY., #309B		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	zip 32952	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☑ Addition
NAME	ROOT, VERNON		4.2 NAME		
STREET ADDRESS	540 S. BREVARD AVE., #447		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH. FL		4.4 CITY-ST-ZIP	zip 32931	
TITLE	D	☑ DELETE	5.1 TITLE	D	☑ Change ☑ Addition
NAME	MAURICE KURTZ		5.2 NAME	Janice DeLoach,	
STREET ADDRESS	285 TEMPLE ST		5.3 STREET ADDRESS	29 Park Ave	
CITY-ST-ZIP	SATELLITE BEACH FL		5.4 CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☑ Addition
NAME	ELEANOR CURRY		6.2 NAME		
STREET ADDRESS	138 W. LEON LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		6.4 CITY-ST-ZIP	zip 32931	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [illegible] Treas. [illegible] 15APR '97 (407) 453-8913