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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004629**

1. Corporation Name
THE FRIENDSHIP FELLOWSHIP AT PINEDA, INC.

Principal Place of Business	Mailing Address
3115 FRIENDSHIP PLACE ROCKLEDGE FL 32955 US	3115 FRIENDSHIP PLACE ROCKLEDGE FL 32955 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/07/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3190674 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LEES, JOHN G
1350 CYPRESS TRACE DRIVE
MELBOURNE FL 32940

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		☐ Change ☐ Addition
NAME	CONWAY, RICHARD		1.2 NAME		
STREET ADDRESS	373 MYRTLEWOOD ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	KURTZ, MAURICE		2.2 NAME	De Loach, Russ	
STREET ADDRESS	285 TEMPLE ST.		2.3 STREET ADDRESS	29 Park Ave.	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		2.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	T	☑ DELETE	3.1 TITLE	T	☐ Change ☑ Addition
NAME	SHERMAN, SID		3.2 NAME	Dalton, Donna	
STREET ADDRESS	250 S. SYKE CREEK PKWY., #309B		3.3 STREET ADDRESS	742 Duncan Road S.E.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952		3.4 CITY-ST-ZIP	PALM BAY, FL 32909	
TITLE	VP	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	RAGSDALE, RUTHE		4. 2 NAME	Harvey Gossard	
STREET ADDRESS	2185 KEYLIME DR		4.3 STREET ADDRESS	7973 Bradwick Way	
CITY-ST-ZIP	TITUSVILLE FL 32780		4.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ABDULLAH, LARRY		5.2 NAME		
STREET ADDRESS	145 CORAL WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIATLANTIC FL 32903		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☑ Addition
NAME	ELEANOR CURRY		6.2 NAME	Ken Ellis	
STREET ADDRESS	138 W. LEON LANE		6.3 STREET ADDRESS	626 Kristy Circle	
CITY-ST-ZIP	COCOA BEACH FL 32931		6.4 CITY-ST-ZIP	Melbourne FL 32940	

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: Richard De Boodee 4/4/99 407 253-2072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)