

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004629

1. Entity Name

THE FRIENDSHIP FELLOWSHIP AT PINEDA, INC.

Principal Place of Business

3115 FRIENDSHIP PLACE
ROCKLEDGE FL 32955
US

Mailing Address

3115 FRIENDSHIP PLACE
ROCKLEDGE FL 32955
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ENGLAND, JOHN C.
271 FORECAST LANE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	NAME	LEES, JOHN	☒ Delete
STREET ADDRESS			1350 CYPRESS TRACE DRIVE	
CITY-ST-ZIP			MELBOURNE FL 32940	
TITLE	VP	NAME	CONWAY, RICHARD	☒ Delete
STREET ADDRESS			711 AUTUMN GLEN DRIVE	
CITY-ST-ZIP			MELBOURNE FL 32940	
TITLE	T	NAME	DALTON, DONNA	☐ Delete
STREET ADDRESS			742 DUNCAN RD SE	
CITY-ST-ZIP			PALM BAY FL 32909	
TITLE	S	NAME	ALLISON, JOE	☒ Delete
STREET ADDRESS			255 A OCEAN VIEW LANE	
CITY-ST-ZIP			INDIAN LANTIC FL 32903	
TITLE	D	NAME	GREEN, CHARLES	☐ Delete
STREET ADDRESS			1140 SEMINOLE COURT NE	
CITY-ST-ZIP			PALM BAY FL 32907	
TITLE	D	NAME	DALTON, BETTE	☒ Delete
STREET ADDRESS			444 THRUSH DRIVE	
CITY-ST-ZIP			SATELLITE BEACH FL 32537	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	NAME	LEWIS, JOHN	☐ Change ☒ Addition
STREET ADDRESS			Box 342100 1163 RIVERMONT	
CITY-ST-ZIP			MELBOURNE, FL 32935	
TITLE	VP	NAME	WORKS, SHIRLEY	☐ Change ☒ Addition
STREET ADDRESS			1820 WOODBERRY CIRCLE	
CITY-ST-ZIP			MELBOURNE, FL 32935	
TITLE	D	NAME	ALLISON, JOE	☐ Change ☒ Addition
STREET ADDRESS			255A OCEAN VIEW LANE	
CITY-ST-ZIP			INDIAN LANTIC, FL 32903	
TITLE	S	NAME	TOWNSEND, DAN	☐ Change ☒ Addition
STREET ADDRESS			205 ROUTE A1A APT 409	
CITY-ST-ZIP			SATELLITE BEACH, FL 32937	
TITLE	D	NAME	STANTON, CATHY	☐ Change ☒ Addition
STREET ADDRESS			1976 TYLER AVENUE	
CITY-ST-ZIP			MELBOURNE, FL 32935	
TITLE	D	NAME	DALTON, EDGAR	☐ Change ☒ Addition
STREET ADDRESS			444 THRUSH DRIVE	
CITY-ST-ZIP			SATELLITE BEACH, FL 32937	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/02 321-6937533

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90727 024 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/01)