

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90090 043 ****61.25

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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

900000-



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3190674

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

ENGLAND, JOHN C.
271 FORECAST LANE
ROCKLEDGE, FL 32955

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

Filing Fee is \$61.25
Due by May 1, 2007

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 P ☐ Delete
NAME SCOTT, "BILL" J.W.
STREET ADDRESS 790 VERBENIA DRIVE
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE ☐ Change ☒ Addition
NAME HAYDEN-BAKER JANET
STREET ADDRESS 5077 TEMPLETON PLACE
CITY-ST-ZIP VIERA, FL 32955

TITLE VP ☒ Delete
NAME TAULBEE, JAMES
STREET ADDRESS 2270 WOODLAWN CIR
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE VP ☐ Change ☒ Addition
NAME KURTZ, BARBARA
STREET ADDRESS 285 TEMPLE STREET
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE D ☒ Delete
NAME ABDULLAH, LARRY
STREET ADDRESS 145 CORAL WAY
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE S ☐ Change ☒ Addition
NAME ENGLAND, JOHN
STREET ADDRESS 271 FORECAST LANE
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE T ☒ Delete
NAME CURRY, ELEANOR
STREET ADDRESS 138 WEST LEON LANE
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE T ☐ Change ☒ Addition
NAME VAN ORSDALE, RAY
STREET ADDRESS 1031 ROYAL OAK COURT
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE D ☐ Delete
NAME HOOPER, MARILYN
STREET ADDRESS 166 JUNE DR
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE D ☐ Change ☒ Addition
NAME OSBORNE, ALAN
STREET ADDRESS 3410 SWITHIN LANE
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE D ☒ Delete
NAME FORRESTER, JOAN
STREET ADDRESS 1144 IRONSIDES AVE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE D ☐ Change ☒ Addition
NAME WEYBREW, CATHY
STREET ADDRESS 1575 SOUTH FISKE BLVD, APT M252
CITY-ST-ZIP ROCKLEDGE, FL 32955

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

9 April 2007 321-773-3432