

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90011 039 ****61.25

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3190674 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/07)	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW FEE IS \$61.25 Due By May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, "BILL" J.W. 790 VERBENIA DRIVE SATELLITE BEACH FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEYBREW, CATHY 1575 SOUTH FISKE BLVD APT M252 ROCKLEDGE, FL 32955	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KURTZ, BARBARA 205 TEMPLE STREET SATELLITE BEACH FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARILYN HOOPER 166 JUNE DRIVE COCOA BEACH, FL 32931	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENGLAND, JOHN 271 FORECAST LANE ROCKLEDGE FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAN OSBORNE 2410 SWITHIN LANE MELBOURNE, FL 32935	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN ORSDALE, RAY 1031 ROYAL OAK COURT MELBOURNE FL 32940	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANET HADEN-BAKER 5077 TEMPLETON PLACE VIERA, FL 32955	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEYBREW, CATHY 1575 SOUTH FISKE BLVD APT M 252 ROCKLEDGE FL 32955	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAN SIREN 3280 FAIRVIEW DRIVE MELBOURNE, FL 32934	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORRESTER, JOAN 1144 IRONSIDES AVE MELBOURNE FL 32940	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 endorsements.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR