## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N93000004629

THE FRIENDSHIP FELLOWSHIP AT PINEDA, INC.



May 15, 2003 8:00 am Secretary of State
05-15-2003 90120 032 \*\*\*\*61.25

Principal Place of Business 3115 FRIENDSHIP PLACE ROCKLEDGE FL 32955 US		Mailing Address 3115 FRIENDSHIP PLACE ROCKLEDGE FL 32955 US				440 <b>88</b> 70 <b>28</b> 10 <b>28</b> 10 <b>82</b> 50	ARIM AMBA AMAR M	18 (8)( r <b>ad</b> i	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State	9	City & State			4. FEI Number APPLIED FOR Applied For Not Applicable				
Zip	Country	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	<del></del>		7. Name and Addres	s of New Registers			
		nogrande regans	Name	Name					
ENOLAND					Comment of the state of the sta				
	), JOHN C.		Street A	ddress (I	P.O. Box Number is Not Acceptable)				
	ECAST LANE								
ROCKLED	GE FL 32955								
1 <b>5</b> 4	<b>)</b>		City			F	Zip Code	•	
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office or	register	ed agent, or both, in the	State of Florida. La	m familiar with,	and accept	
	named entity submits this statement for ions of registered agent.	I JOHN	C. ENGL	1LD	ADMWISTALT	ca A	Avrica	20	
SIGNATURE .	gnature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signati			DATE	7101500		
FILE NOW: FEE IS \$61.25  9. Election Campaign Trust Fund Contribut					\$5.00 May Be Added to Fees	Make Che Florida Depa	eck Payable artment of S		
10.	OFFICERS AND DIF	RECTORS	11.	F	ADDITIONS/CHANGES	O OFFICERS AND	DIRECTORS IN	10	
TITLE	P	Delete	TITLE	A			☐ Change	Addition	
NAME	LEES, JOHN		NAME	JOH	N LEWIS				
STREET ADDRESS	1350 CYPRESS TRACE DRIVE		STREET ADDRESS		RIVERMONT			[	
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP	ME	- CBOURNE	FL 32935		l	
TITLE	VP	Delete	TITLE	VP	•		☐ Change	- Addition	
NAME	CONWAY, RICHARD		NAME	SHIL	RIEY WORKS	ا		- [	
STREET ADDRESS	711 AUTUMN GLEN DRIVE		STREET ADDRESS	182	O WUDBERN	4 CIRCLE		Į	
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP	$M\epsilon$	LBOURLE, FI	5 32935	•	į	
-717LE		- Delete	TITLE	Δ			- Change	Addition	
	DALTON, DONNA		NAME	DAN	TOWNSBAD RTE AIA A	11.00			
	742 DUNCAN RD SE		STREET ADDRESS	202	KTE HIH A	pr to7			
	PALM BAY FL 32909		CITY-ST-ZIP	SATI	SWITE BEACH	F1. 32931	フ	ľ	
	S	Delete	TITLE	1		10-12	☐ Change	Addition	
	ALLISON, JOE	CE DOIGIG	NAME	CAM	MSTUNTON		Gringe		
	255 A OCEAN VIEW LANE		STREET ADDRESS		6 TYLOR AUG	•		1	
	INDIALANTIC FL 32903		CITY-ST-ZIP	MOL	Bourse, FL	32935		ļ	
TITLE	D	Delete	TITLE	7			☐ Change	Addition	
	GREEN, CHARLES	E Delete	NAME	<b>#</b> ~	AR DALTON		onlinge	Addition	
	1140 SEMINOLE COURT NE		STREET ADDRESS	449	THRUSH DRI	Les		Ì	
	PALM BAY FL 32907		CITY-ST-ZIP	54	EU16 BOALH	77. 3293	:7		
TITLE	0	Delete	TITLE			, 0 /3	☐ Change	Addition	
	DALTON, BETTE	r Delete	NAME	Max	LIE LES	`		L <del>g A</del> ddition	
	444 THRUSH DRIVE		STREET ADDRESS	135	o Cypres TRA	KO DRIVE			
•			CITY-ST-ZIP	115	CECURUE, FI	2201/4		}	
	SATELLITE BEACH FL 32537	ALC PR							
12. I nereby c	ertify that the information supplied with	this tiling does not qualify for t	ne exemption stat	ed in Se	ction 119.07(3)(i), Florida	a Statutes. I Turther c	ertify that the in	tormation	

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:

<u> 321-6</u>93-7533