

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**PENDING**  
01-20-2004 90023 001 \*\*\*\*\*61.25  
01-20-2004 90023 002 \*\*\*\*\*8.75  
N97000003464

04 MAR -3 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66400157

DOCUMENT # 17053-075-73600-2  
1. Entity Name  
N97000003464  
**FRIENDS OF AFTER SCHOOL ASSISTANCE PROGRAM INC.**  
**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
726 EAST 14<sup>th</sup> CT.  
Suite, Apt. #, etc.

3. Mailing Address  
726 EAST 14<sup>th</sup> CT.  
Suite, Apt. #, etc.

**REINSTATEMENT 29-04**  
WOU-3996  
DO NOT WRITE IN THIS SPACE

City & State  
PANAMA CITY FL

City & State  
PANAMA CITY FL

Zip Country  
32405 U.S.

Zip Country  
32405 US

4. FEI Number  
59-3458256

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
CITY OF PANAMA CITY  
Street Address (P.O. Box Number is Not Acceptable)  
9 HARRISON AVE.  
City PANAMA CITY FL Zip Code 32401

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Nellie V. Smith* Director  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

400029814354  
03/03/04-01049-003 #472.50  
DATE

FEES \$61.25  
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	D NELLIE V. SMITH 604 JENNINGS AVE. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BARBARA CLEMONS 602 BUNKERS COVE RD. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARBARA CLOUD 2121 LIENBY AVE. PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JANICE FLOYD 242 KRAFT AVE. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Nellie V. Smith* Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04 850-872-7802  
Date Daytime Phone #

CRZE037B (12/01)