


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90119 038 ****70.00

DOCUMENT # N99000001447

1. Entity Name
FRIENDSHIP COMMUNITY DEVELOPMENT, INC.



Principal Place of Business
**385 S. BARNETT RD.
 COCOA, FL 32926**

Mailing Address
**385 S. BARNETT RD.
 COCOA, FL 32926**



04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2597924

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS, SAM
 385 S. BARNETT RD.
 COCOA, FL 32926**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, SAM 3130 IPSWICH DRIVE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANT, BILLIE 3705 BROPHY BLVD. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BATTLE, IZEAL 325 S. BURNETT RD. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, RUBY M <i>Ruby BRITT</i> 3782 CATALINA DR. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGGS, GUSSIE 3811 KENNEDY CIR. COCOA, FL 32926
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)(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: *Sam Roberts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____