


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

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90110 008 \*\*\*\*70.00

**DOCUMENT # N99000001447**

1. Entity Name  
**FRIENDSHIP COMMUNITY DEVELOPMENT, INC.**



Principal Place of Business      Mailing Address

**385 S. BARNETT RD.  
COCOA FL 32926**      **385 S. BARNETT RD.  
COCOA FL 32926**

2. Principal Place of Business      3. Mailing Address

*SAME*      *SAME*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2597924**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BUCKNER, EDWARD REV.  
385 S. BARNETT RD.  
COCOA FL 32926**

**7. Name and Address of New Registered Agent**

Name *SAM ROBERTS*

Street Address (P.O. Box Number is Not Acceptable)  
*385 S BURNETT ROAD*

City *COCOA*      FL      Zip Code *32926*

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 *Sam Roberts*      DATE *3-17-03*

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

**FILE NOW: FEE IS \$61.25**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCKNER, EDWARD REV 3703 BROPHY BLVD. COCOA FL 32926	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANT, BILLIE 3705 BROPHY BLVD. COCOA FL 32926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BATTLE, IZEAL 325 S. BURNETT RD. COCOA FL 32926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, RUBY M 3782 CATALINA DR. COCOA FL 32926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGGS, GUSSIE 3811 KENNEDY CIR. COCOA FL 32926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAM ROBERTS 3130 IPSWICH DRIVE COCOA, FL, 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*      **NOTARIZED REQUIRED**      *3-17-03*      *321-636-6980*

CR2E037 (10/02)