

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009307

Entity Name: FRANKLIN'S FRIENDS INC.**Current Principal Place of Business:**901 VERSAILLES CIR
MAITLAND, FL 32751**Current Mailing Address:**901 VERSAILLES CIR
MAITLAND, FL 32751**FEI Number:** 46-1111664**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD STE A
TAMPA, FL 33612 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	SETH, MONISHA
Address	901 VERSAILLES CIR
City-State-Zip:	MAITLAND FL 32751

Title	VP
Name	DOUGLAS, ANTHONY
Address	901 VERSAILLES CIR
City-State-Zip:	MAITLAND FL 32751

Title	SECRETARY
Name	GRAY, SHARI
Address	823 MILLS ESTATE PLACE
City-State-Zip:	CHULUOTA FL 32766

Title	DIRECTOR
Name	LEROY, CRYSTAL
Address	13802 RIVER PATH GROVE DRIVE
City-State-Zip:	ORLANDO FL 32826

Title	DIRECTOR
Name	ELY, DIANNE
Address	823 MILLS ESTATE PLACE
City-State-Zip:	CHULUOTA FL 32766

Title	DIRECTOR
Name	BUTLER, STEVE
Address	310 BOUGIVAL COURT
City-State-Zip:	ORLANDO FL 32828

Title	DIRECTOR
Name	COLLAZO, BECKY
Address	1037 PRINCESS GATE BLVD
City-State-Zip:	WINTER PARK FL 32792

Title	DIRECTOR
Name	BUTLER, MICHELE
Address	310 BOUGIVAL CT
City-State-Zip:	ORLANDO FL 32828

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MONISHA SETH**PRESIDENT****01/14/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CARBONE, KRISTEN
Address 287 EVANSDALE ROAD
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name CASWELL, JANA
Address 1104 N. PENINSULA AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32169