2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2020
Secretary of State
1440656971CC

DOCUMENT# N93000004629

Entity Name: THE FRIENDSHIP FELLOWSHIP AT PINEDA, INC.

Current Principal Place of Business:

3115 FRIENDSHIP PLACE
ROCKLEDGE, FL 32955

Current Mailing Address:

3115 FRIENDSHIP PLACE
ROCKLEDGE, FL 32955 US

FEI Number: 59-3190674

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WHALEN, BRIAN ROBERT TREASURER
955 MAYFLOWER AVE.
MELBOURNE, FL 32940 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: BRIAN ROBERT WHALEN 04/03/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN
Name	SAYLOR, CLIFFORD CHAIRMAN
Address	201 PLANTATION CLUB DRIVE #401
City-State-Zip:	MELBOURNE FL 32940

Title	S
Name	RODGERS, RUTH
Address	6201 WHISPERING LANE
City-State-Zip:	TITUSVILLE FL 37280

Title	CO-TRUSTEE
Name	SHACKLETTE, NANCY
Address	4404 LONG LAKE ROAD
City-State-Zip:	MELBOURNE FL 32934

Title	FINANCE CHAIR
Name	CURRY, EMILY
Address	470 N BANANA RIVER ROAD
City-State-Zip:	MERRITT ISLAND FL 32952

Title	VC
Name	CRUMPACKER, JOHN PETER VICE CHAIRMAN
Address	831 KERRY DOWNS CIRCLE
City-State-Zip:	MELBOURNE FL 32940

Title	T
Name	WHALEN, BRIAN TREASURER
Address	955 MAYFLOWER AVENUE
City-State-Zip:	MELBOURNE FL 32940

Title	CO-TRUSTEE
Name	SHACKLETTE, NANCY
Address	4404 LONG LAKE ROAD
City-State-Zip:	MELBOURNE FL 32934

Title	CO-TRUSTEE
Name	BROSIUS, LINDA
Address	4360 LONG LEAF DRIVE
City-State-Zip:	MELBOURNE FL 32940

Continues on page 2

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: BRIAN ROBERT WHALEN TREASURER 04/03/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CO-TRUSTEE
Name	GOLDSWORTHY, TOM
Address	133 HIGHWAY A1A
City-State-Zip:	SATELLITE BEACH FL 32937-2041