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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000018 (2)

1. Corporation Name
FRIENDS WHO CARE, INC.



Principal Place of Business: 1619 PERIWINKLE WAY S-102 SANIBEL FL 33957
Mailing Address: 1619 PERIWINKLE WAY S-102 SANIBEL FL 33957-4405

3. Date Incorporated or Qualified: 01/04/1993
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0327745
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 25 Suite, Apt. #, etc.; 26 City & State; 27 Zip; 28 Country

9. Name and Address of Current Registered Agent
LOUWERS, THOMAS R
1619 PERIWINKLE WAY
S-102
SANIBEL, FL 33957

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS
TITLE: T DELETE
NAME: LOUWERS, THERESA E
STREET ADDRESS: 1619 PERIWINKLE STE. 102
CITY-ST-ZIP: SANIBEL FL
TITLE: D DELETE
NAME: BECHHOLD, MARIANNE
STREET ADDRESS: 1067 SANDCASTLE
CITY-ST-ZIP: SANIBEL FL 33957
TITLE: D DELETE
NAME: CALI, JANET
STREET ADDRESS: 800 DUNLOP RD
CITY-ST-ZIP: SANIBEL FL 33957
TITLE: D DELETE
NAME: COLLINS, PAT
STREET ADDRESS: 1673 SABAL PALMS DR
CITY-ST-ZIP: SANIBEL FL 33957
TITLE: D DELETE
NAME: LOUWERS, THOMAS R
STREET ADDRESS: 1619 PERIWINKLE WAY, S-102
CITY-ST-ZIP: SANIBEL FL 33957
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: THERESA E LOUWERS, TREAS. 4/30/97 941-472-5152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)