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

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

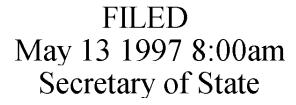
Secretary of State **DIVISION OF CORPORATIONS** 

N9300000018 (2) DOCUMENT #

FRIENDS WHO CARE, INC.

Principal Place of Business

Mailing Address





1619 PERIWINKLE S-102		1619 PERIWINI 8-102							
SANIBEL FL 33957		SANIBEL FL 3	SAMBEL FL 33957-4405			3. Date Incorporated or Qualified 01/04/1993	3a. Date of Last Report 05/01/1996		
2. Principal Place	e of Business	2a. Malling Ad	dress			4. FEI Number	7	Applied For	
21		26				65-0327745		Not Applicable	
Suite, Apt. #, (	etc.	27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Z <sub>i</sub> p				Country	This corporation has hability for intallighble tax bridge 8. 198.002,				
24	25   29   30   9. Name and Address of Current Registered Agent				Florida Statutes Yes No  10. Name and Address of New Registered Agent				
	B. Halle Blie Addiess Of	Current registered Agei	) L	81	Name	10. Hairie and Address of New Ast	Sistaine Wash		
LOURATED THOUAS D					TW/ID				
LOUWERS, THOMAS R				82	82 Street Address (P.O. Box Number is Not Acceptable)				
1619 PERIWINKLE WAY				83	·····				
S-102	1 00057							ŀ	
SANIBEL F	L 33837			84	City		FL 85	Zip Code	
11. Pursuant to t	the provisions of Sections 6	617 0502 and 617 1508 El	orida Statutes, th	e above	-nemed	corporation submits this statement for the n		ing ite registered	
office or regi	stered agent, or both, in the	e State of Florida. Such ch	ange was author	rized by	the corp	oration's board of directors. I hereby accep	t the appointmen	nt as registered	
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	nature, typed or printed name of regi	stered agent and title if applicable	(NOTE: Recu	stered Ane	nt eignature i	required when reinstating)	DATE		
12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
TITLE	1		DELETE	.1 TITLE			☐ Cha	inge Addition	
NAME	LOUWERS, THERESA	E	1	2 NAME				]	
STREET ADDRESS	1619 PERIWINKLE STE	. 102	1	.3 STREET	ADDRESS				
CITY-ST-ZIP	SANIBEL FL		1	I.4 CITY-S	T- <b>2</b> 1P			] }	
TITLE	D		DELETE 2	2.1 TITLE			☐ Chá	inge Addition	
NAME	BECHHOLD, MARIANN	ΙΕ		22 NAME	- 1				
STREET ADDRESS	1067 SANDCASTLE	•		3 STREET	ADDRESS			*	
CITY-ST-7IP	SANIBEL FL 33957		2	2.4 CITY-S	T-ZIP				
TITLE	D		DELETE	3.1 TITLE			☐ Cha	inge Addition	
	CALI, JANET			32 NAME	- 1				
	800 DUNLOP RD			3 STREET	address			İ	
· · · · · · · · · · · · · · · · · · ·	SANIBEL FL 33957			4. CiTY-S	T-ZIP				
1	D		DELETE	I.1 TITLE	1		Cha	inge Addition	
	COLLINS, PAT		[ 4	. 2 NAME	- 1				
	1673 SABAL PALMS D	PR	14	.3 STREET	ADDRESS			-	
	SANIBEL FL 33957			I.4 CITY-S	T-ZIP				
1 1	D			5.1 TITLE			☐ Cha	inge 🔲 Addition	
	LOUWERS, THOMAS F			.2 NAME				1	
	1619 PERIWINKLE WA	Y, S-102	<b>[</b> 5	3.3 STREET	address			j	
	SANIBEL FL 33957			.4 CITY - S	r-ZIP				
TITLE			DELETE	3.1 TITLE			☐ Cha	inge 🔲 Addition	
NAME			6	.2 NAME	F				
STREET ADDRESS			6	3.3 STREET	ADDRESS				
CITY-ST-ZIP			I 6	4 CITY - S	r-ZIP				

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 12 or Block 12 or on an attachment with an address HERES E LOWERS

SIGNATURE: