

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009805

**FILED**  
**Jan 16, 2023**  
**Secretary of State**  
**4129030979CC**

**Entity Name:** FRIENDS - DOWN SYNDROME SPECIAL NEEDS WEST FLORIDA, INC.

**Current Principal Place of Business:**

11612 MISS CHLOE COURT  
RIVERVIEW, FL 33579

**Current Mailing Address:**

11612 MISS CHLOE COURT  
RIVERVIEW, FL 33579 US

**FEI Number:** 65-1261646

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FOYT, ANN R.N.  
11612 MISS CHLOE COURT  
RIVERVIEW, FL 33579 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 OFFICER  
Name MARSELL , PAULA  
Address 2303 S. KINGSWAY RD  
City-State-Zip: SEFFNER FL 33584

Title OFFICER  
Name CRAIG, WANGBERG  
Address 718 TIDAL ROCK AVENUE  
City-State-Zip: RUSKIN FL 33570

Title CEO  
Name FOYT, ANN  
Address 11612 MISS CHLOE COURT  
City-State-Zip: RIVERVIEW FL 33579

Title O  
Name BOISSEAU, KATHY  
Address 11803 CLIFFWOOD COURT  
City-State-Zip: RIVERVIEW FL 33569

Title TREASURER  
Name BOLDT, LORI  
Address 16204 DIAMOND BAY DRIVE  
City-State-Zip: WIMAUMA FL 33598

*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:** ANN FOYT

CEO

01/16/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date