

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 723189 (7)

1. Corporation Name

FRIENDS OF FIVE, INC.

Principal Place of Business

Mailing Address

2000 WEIMER HALL, UNIV. OF FLORIDA  
P. O. BOX 12865  
GAINESVILLE FL 32604

2000 WEIMER HALL, UNIV. OF FLORIDA  
P. O. BOX 12865  
GAINESVILLE FL 32604

3. Date Incorporated or Qualified  
04/17/1972

3a. Date of Last Report  
05/01/1995

4. FEI Number  
23-7317577

Applied For  
Not Applicable

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEHNER, RICHARD  
2000 WEIMER HALL  
UNIVERSITY OF FLORIDA  
GAINESVILLE FL 32611

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BROWN, LEWIS  
STREET ADDRESS P. O. BOX 5068 N/A  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

1.1 TITLE PD  
1.2 NAME CARPENTER, RONALD  
1.3 STREET ADDRESS 5608 NW 43rd STREET  
1.4 CITY-ST-ZIP GAINESVILLE, FL 32653

☐ Change ☒ Addition

TITLE PD  
NAME BROWN, LEWIS  
STREET ADDRESS P.O. BOX 5068 N/A  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

2.1 TITLE VD  
2.2 NAME JONES, ELIZABETH  
2.3 STREET ADDRESS 5915 NW 27th AVENUE  
2.4 CITY-ST-ZIP GAINESVILLE, FL 32606

☒ Change ☐ Addition

TITLE VD  
NAME SHORE, MELANIE  
STREET ADDRESS 2827 N.W. 43RD ST.  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

3.1 TITLE STD  
3.2 NAME JOHNSON, KAREN  
3.3 STREET ADDRESS PO BOX 147117  
3.4 CITY-ST-ZIP GAINESVILLE, FL 32614

☐ Change ☒ Addition

TITLE D  
NAME CASTELLO, WAYNE  
STREET ADDRESS 2772 N.W. 43RD ST.  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

4.1 TITLE D  
4.2 NAME CASTELLO, WAYNE  
4.3 STREET ADDRESS 2772 NW 43rd STREET  
4.4 CITY-ST-ZIP GAINESVILLE, FL 32606

☐ Change ☐ Addition

TITLE D  
NAME JONES, ELIZABETH  
STREET ADDRESS 5915 N.W. 27TH AVE.  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

5.1 TITLE D  
5.2 NAME LEVY, ROSLYN  
5.3 STREET ADDRESS 401 SW 88TH TERRACE  
5.4 CITY-ST-ZIP GAINESVILLE, FL 32607

☐ Change ☐ Addition

TITLE D  
NAME LEVY, ROSLYN  
STREET ADDRESS 401 SW 88 TERR.  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

6.1 TITLE D  
6.2 NAME GOFORTH, SAM  
6.3 STREET ADDRESS 104 N MAIN STREET  
6.4 CITY-ST-ZIP GAINESVILLE, FL 32601

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Wayne P. Castello  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne P. Castello 06/18/96 (352)377-4422

Date

Daytime Phone #

0003032

CR2E037 (3/96)