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Feb 27 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 # 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

3. Date Incorporated or Qualified 04/17/1972  
3a. Date of Last Report 07/05/1996

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

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  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
LEHNER, RICHARD  
2000 WEIMER HALL  
UNIVERSITY OF FLORIDA  
GAINESVILLE FL 32811

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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [Signature] DATE 1/24/97  
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME CARPENTER, RONALD  
STREET ADDRESS 5608 NW 43RD STREET  
CITY-ST-ZIP GAINESVILLE FL  
TITLE VD  
NAME JONES, ELIZABETH  
STREET ADDRESS 5915 NW 27TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL  
TITLE STD  
NAME JOHNSON, KAREN  
STREET ADDRESS P.O. BOX 147117  
CITY-ST-ZIP GAINESVILLE FL  
TITLE D  
NAME CASTELLO, WAYNE  
STREET ADDRESS 2772 N.W. 43RD ST.  
CITY-ST-ZIP GAINESVILLE FL  
TITLE D  
NAME LEVY, ROSLYN  
STREET ADDRESS 401 SW 88TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL  
TITLE D  
NAME GOFFORTH, SAM  
STREET ADDRESS 104 N MAIN STREET  
CITY-ST-ZIP GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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 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. If the information appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: [Signature] WAYNE P. CASTELLO 1/23/97 (352) 4422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

Send only 1 with check stub Block 14