

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **728784** (0)
1. Corporation Name
SENIOR FRIENDSHIP CENTERS, INC.



Principal Place of Business: **1888 Brother Geenen Way, SARASOTA FL 34236**
Mailing Address: **1888 Brother Geenen Way, SARASOTA FL 34236**
(Street Name Change Only)

3. Date Incorporated or Qualified: **02/11/1973**
3a. Date of Last Report: **02/20/1995**
4. FEI Number: **59-1522614**
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 (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

9. Name and Address of Current Registered Agent
**PUST, MOLLEEN
1977 CLEMATIS STREET
SARASOTA FL 34239**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	HOWELL, LEONARD
STREET ADDRESS	820 CAPE VIEW DRIVE
CITY - ST - ZIP	FT MYERS FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	TYLER, PAT
STREET ADDRESS	715 GOLDEN BEACH BLVD
CITY - ST - ZIP	VENICE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PUST, MOLLEEN
STREET ADDRESS	1977 CLEMATIS ST.
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	SCHERSTEN, KATHERRINE
STREET ADDRESS	454 PATRIDGE CIR.
CITY - ST - ZIP	SARASOTA FL 34236
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pat Tyler
1.3 STREET ADDRESS	715 Golden Beach Blvd.
1.4 CITY - ST - ZIP	Venice, FL 34285-3330
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Katherine Schersten
2.3 STREET ADDRESS	454 Partridge Circle
2.4 CITY - ST - ZIP	Sarasota, FL 34236-1912
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dr. Thomas Morgan
4.3 STREET ADDRESS	1900 Empress Court
4.4 CITY - ST - ZIP	Naples, FL 33942
5.1 TITLE	VJD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brother Charles Krupp, CSC
5.3 STREET ADDRESS	1635 Fourth Street
5.4 CITY - ST - ZIP	Sarasota, FL 34236
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ DATE: **24/1996** (941) 957-3949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)