

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **732402** (3)
1. Corporation Name
FRIENDS FOR LIFE, INC.



Principal Place of Business Mailing Address
% ANNE SELETSKY
4812 KUMQUAT DRIVE
TAMARAC FL 33319

3. Date Incorporated or Qualified **04/09/1975** 3a. Date of Last Report **01/25/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 23-7422280	Applied For			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required			
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees			
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KNIGHT, JAMES E. 3890 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TRD	1.1 TITLE	Ester Ruckert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELETSKY, ANNE	1.2 NAME	5603 Mulberry Dr
STREET ADDRESS	4812 KUMQUAT DR.	1.3 STREET ADDRESS	Tamarac, FL 33319 TRD
CITY-ST-ZIP	TAMARAC, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	GERAY S. HORNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBER, MAURICE	2.2 NAME	4405 BAY BERRY LN
STREET ADDRESS	5200 WOODLAND DR	2.3 STREET ADDRESS	TAMARAC, FL 33319 Pres
CITY-ST-ZIP	TAMARAC, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATZ, GRACE	3.2 NAME	
STREET ADDRESS	5410 BANYAN LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBER, SYLVIA	4.2 NAME	
STREET ADDRESS	5200 WOODLAND DR	4.3 STREET ADDRESS	900001753759
CITY-ST-ZIP	TAMARAC, FL 00000	4.4 CITY-ST-ZIP	-03/22/96--01013--009
TITLE	Pres <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E037 (12/95)