


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90038 007 ****61.25

DOCUMENT # N00000008057			
1. Entity Name FRIENDS HELPING FRIENDS AT THE GLEN, INC.			
Principal Place of Business 1860 PALO DURO BLVD NORTH FORT MYERS, FL 33917		Mailing Address 1860 PALO DURO BLVD NORTH FORT MYERS, FL 33917	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1870 EMBARCADERO WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State N. FORT MYERS - FL	
Zip	Country	Zip	Country
33917		33917	FL
4. FEI Number 65-1057046		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOPKINS, BETTY 1870 EMBARCADERO WY NORTH FORT MYERS, FL 33917		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D HOPKINS, BETTY 1870 EMBARCADERO WAY NORTH FORT MYERS, FL 33917	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP SCHMIDT, DIANE 3576 ODYSSEA CT NORTH FORT MYERS, FL 33917	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S AMSDEN, SHEILA 2320 PALO DURO BLVD NORTH FORT MYERS, FL 33917	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MARUIS, SANDRA 1751 PALO DURO BLVE NORTH FORT MYERS, FL 33917	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	1VC SHERDIAN, MARY 2400 PALO DURO BLVD FORT MYERS, FL 33917	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VC FARLEY, CINDY 1921 EMBARCADERO WAY NORTH FORT MYERS, FL 33917	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Betty Hopkins</i>		Date: <i>April 29, 2007</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	