


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 06, 2003 8:00 am
Secretary of State

06-06-2003 90043 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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES.

Zip Country Zip Country

4. FEI Number **65-1057046**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOLTON, ELAINE V
1860 PALO DURO BLVD
NORTH FORT MYERS FL 33917**

7. Name and Address of New Registered Agent

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 *Elaine V Bolton*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOLTON, ELAINE V	
STREET ADDRESS	1860 PALO DURO BLVD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASTIEN, CATHY	
STREET ADDRESS	2321 PALO DURO BLVD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, DONNA	
STREET ADDRESS	2260 RIO NUEVO	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPKINS, BETTY	
STREET ADDRESS	1870 EMBARCADERO WAY	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DICKENSON, ELDEEN	
STREET ADDRESS	1890 EMBARCADERO WAY	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOWNS, SUSAN	
STREET ADDRESS	2241 PALO DURO BLVD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Martin	
STREET ADDRESS	1900 Embarcadero Way	
CITY-ST-ZIP	North Ft Myers, FL 33917	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1st Visit Coordinator	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Jessop	
STREET ADDRESS	2751 Via La Quinta	
CITY-ST-ZIP	North Ft Myers, FL 33917	
TITLE	visit coordinator	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlene Pasche	
STREET ADDRESS	2561 Palo Duro Blvd	
CITY-ST-ZIP	North Ft Myers, FL 33917	

12. I 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 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: *Stacy R. B. [Signature]* **June 3, 2003** **239-731-2395**

CR2E037 (10/02)