


**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

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)