

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90048 014 ****70.00

0017517

DOCUMENT # N02000008552

1. Entity Name
FRIENDS OF GULF STREAM, INC.



Principal Place of Business Mailing Address
1065 S.E. 6 AVENUE **1065 S.E. 6 AVENUE**
DANIA BEACH FL 33004 **DANIA BEACH FL 33004**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
75-3097796 Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DUFRESNE, JOHN
1065 S.E. 6 AVENUE
DANIA BEACH FL 33004

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 *x* *John Dufresne* **JOHN DUFRESNE, DIR.** *3/12/03*
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	DUFRESNE, JOHN
STREET ADDRESS	1065 S.E. 6 AVENUE
CITY-ST-ZIP	DANIA BEACH FL 33004
TITLE	D <input type="checkbox"/> Delete
NAME	CHINELLY, CINDY
STREET ADDRESS	1065 S.E. 6 AVENUE
CITY-ST-ZIP	DANIA BEACH FL-33004
TITLE	D <input type="checkbox"/> Delete
NAME	TOUMEY, RICHARD
STREET ADDRESS	10833 CYPRESS GLEN DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	D <input type="checkbox"/> Delete
NAME	BOND, JOHN
STREET ADDRESS	1085 SE 6TH AVENUE
CITY-ST-ZIP	DANIA BEACH FL 33004
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	<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	

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: *x* *John Dufresne* **JOHN DUFRESNE, DIR** *3/12/03* *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dwelling Phone #

CR2E037 (10/02)