

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20003 (2)**  
 1. Corporation Name  
**FRIENDS, INC.**

Principal Place of Business <b>101 US 27 S. #25 SEBRING FL 33870-2111</b>	Mailing Address <b>101 US 27 S. #25 SEBRING FL 33870-2111</b>
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3. Date Incorporated or Qualified  
**04/07/1987**

4. FEI Number  
**59-2784523**

Applied For  
 Not Applicable

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Zip	<b>29</b> Country
<b>25</b> Country	<b>30</b> Country

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

**9. Name and Address of Current Registered Agent**

**LIVINGSTON, JAMES L.**  
**445 SOUTH COMMERCE AVENUE**  
**SEBRING FL 33870**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **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		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GILLIAM, DEARL</b>	
STREET ADDRESS	<b>101 US 27 SO., LOT 25</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUGGER, EWALD</b>	
STREET ADDRESS	<b>101 US 27TH SOUTH #19</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUGGER, AGATHA</b>	
STREET ADDRESS	<b>101 US 27TH #25</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GILLIAM, CHARLOTTE</b>	
STREET ADDRESS	<b>101 US 27 S #25</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**14.** 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 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: *Charlotte L Gilliam* Feb 11-98 941-3856928

CR2E037 (10/97)