

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N22601**

(1)

1. Corporation Name

FRIENDSHIP NETWORK, INC.



Principal Place of Business

~~ED CAROL HOPE PRATT~~
~~WILLIAM J. WATSON, JR.~~
227 NE 17TH STREET
MIAMI FL 33132-1231

Mailing Address

~~WILLIAM J. WATSON, JR.~~
227 NE 17TH STREET
MIAMI FL 33132-1231

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/21/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0047154

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

**FEBRES, HELEN PRESIDE
FRIENDSHIP NETWORK
227 NE 17TH ST
MIAMI FL 33132**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **FEBRES, HELEN G**
STREET ADDRESS **227 NE 17 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ DELETE
NAME **JONES, JOHN**
STREET ADDRESS **1000 SW 84 AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **T** ☐ DELETE
NAME **OTTATO, PHIL**
STREET ADDRESS **4725 W 20 AVENUE**
CITY-ST-ZIP **HIALEAH FL**

TITLE **S** ☐ DELETE
NAME **FRED PEEL**
STREET ADDRESS **5711 S. DIXIE HWY S**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ DELETE
NAME **CAROL H. PRATT**
STREET ADDRESS **227 NE 17 STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **IVES, JUDY**
STREET ADDRESS **1000 SW 84TH AVE**
CITY-ST-ZIP **PEMBROKE PINES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRUSTEE

Date

Daytime Phone #

CR2E037 (12/95)

4-2-96