


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90064 047 \*\*\*\*61.25

<b>DOCUMENT # N24731</b> 1. Entity Name <b>FRIENDSHIP CLUB OF WARM MINERAL SPRINGS, INC.</b>					
Principal Place of Business 12125 WARM MINERAL SPRINGS DRIVE WARM MINERAL SPRINGS, FL 34287			Mailing Address 313 GRANADA BLVD. WARM MINERAL SPRINGS, FL 34287		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 7693</b>  Suite, Apt. #, etc.			
City & State  Zip		City & State <b>NORTH PORT FL</b> Zip <b>34287-7693</b>		Country <b>USA</b>	
4. FEI Number <b>65-0093860</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KANIZAJ, JOSEPH</b> <b>234 SAN MARCO AVE.</b> <b>WARM MINERAL SPRINGS, FL 34287</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>KNAPP, MARGARETE</b> <b>5379 BARLOW TERR</b> <b>NORTH PORT, FL 34287</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>FINGERHUT, NICK</b> <b>12317 ALTAMIRA</b> <b>WARM MINERAL SPRINGS, FL 34287</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>ZELENT, HENRY</b> <b>842 OHIO CT</b> <b>ENGLEWOOD, FL 34223</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>KNAPP, ERNST</b> <b>5379 BARLOW TERRACE</b> <b>NORTH PORT, FL 34287</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>WALTER, SYLVIA</b> <b>12312 SUAREZ</b> <b>WARM MINERAL SPRINGS, FL 34287</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>ROTH, ERIKA</b> <b>12306 ALTA MIRA</b> <b>WARM MINERAL SPRINGS, FL 34287</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JAROS, KARL</b> <b>219 SAN JUAN DRIVE</b> <b>WARM MINERAL SPRINGS, FL 34287</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>WECKER, SHIRLEY</b> <b>6834 AMOCO</b> <b>WARM MINERAL SPRINGS, FL 34287</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Margarete Knapp</u> MARGARETE KNAPP, PRES. 2-8-07, 941-423-9623</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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