

# 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 # N29657 (6)**

1. Corporation Name

**FOREVER FRIENDS OF DAYSTAR, INC.**



Principal Place of Business

Mailing Address

C/O LOUISE KIRTLAND  
117 LEHANE TERRACE  
NORTH PALM BEACH FL 33408

C/O LOUISE KIRTLAND  
117 LEHANE TERRACE  
NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified  
**12/12/1988**

3a. Date of Last Report  
**04/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0125066**

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

28

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAILE, MARCIA C  
5775 FERNLEY DR W TH 109  
WEST PALM BEACH FL 33415

81 Name

**Martinello, Mary**

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

**12698 S.E. Cascades Court**

83

84 City

**Hobe Sound**

**FL**

85 Zip Code

**33455**

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 *Mary Martinello*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**3-30-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **SAILE, MARCIA C.**  
STREET ADDRESS **5775 FERNLEY DR, W TH109**  
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Martinello, Mary**  
1.3 STREET ADDRESS **12698 S.E. Cascades Court**  
1.4 CITY-ST-ZIP **Hobe Sound FL 33455**

TITLE **VD** ☐ DELETE  
NAME **TEUTEBERG, KAREN**  
STREET ADDRESS **7 GARDEN ST., #204-I**  
CITY-ST-ZIP **TEQUESTA FL 33467**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **BRIDGES, PATRICIA**  
STREET ADDRESS **11811 AVE OF PGA #7G**  
CITY-ST-ZIP **PALM BCH GARDENS FL 33418**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE  
NAME **MARTINELLO, MARY**  
STREET ADDRESS **12698 S.E. CASCADES COURT**  
CITY-ST-ZIP **HOBE SOUND FL 33455**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **KIRTLAND, LOUISE**  
STREET ADDRESS **117 LEHANE TERRCE**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

5.1 TITLE **SD** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **FRY, CATHERINE N**  
STREET ADDRESS **1542 JUPITER COVE DR., #502**  
CITY-ST-ZIP **JUPITER FL 33469**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *Patricia B. Bridges* Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/96**

Date

**(407) 624-2592**

Daytime Phone #

CR2E037 (12/95)