

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 # N34309 (7)

1. Corporation Name

THE FRIENDSHIP CONNECTION, INC.



Principal Place of Business

P O BOX 16235
WEST PALM BEACH FL 33416

Mailing Address

P O BOX 16235
WEST PALM BEACH FL 33416

3. Date Incorporated or Qualified
09/20/1989

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21 **1294 Rowayton Cir.**

Suite, Apt. #, etc.

22 **Wellington, FL.**

City & State

Zip

24 **33414**

Country

25 **Palm Beach**

2a. Mailing Address

26 **1294 Rowayton Cir.**

Suite, Apt. #, etc.

27 **Wellington, Florida**

City & State

Zip

29 **33414**

Country

30 **Palm Beach**

4. FEI Number
65-0156670

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

9. Name and Address of Current Registered Agent

**LITTLEJOHN, BLAIR R. III
652 CASHIERS DR
WEST PALM BEACH FL 33406**

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

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

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVP** ☐ DELETE
NAME **HARIS, TOM**
STREET ADDRESS **1834 RAMSEY DRIVE**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☒ DELETE
NAME **HELGESEN, JULIE**
STREET ADDRESS **1710 E. TIFFANY DRIVE, SUITE 101**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **DP** ☐ DELETE
NAME **LITTLEJOHN, BLAIR III**
STREET ADDRESS **652 CASHIERS DR**
CITY-ST-ZIP **W PALM BCH FL**

TITLE **D** ☐ DELETE
NAME **HIGGINS, DOTTIE**
STREET ADDRESS **850 SO. COUNTY RD.**
CITY-ST-ZIP **PALM BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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:

Blair Littlejohn III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

(407) 687-6842

Daytime Phone #

CR2E037 (12/95)