

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 MAR 29 AM 7:25

DOCUMENT # N40437 (8)
 1. Corporation Name
FRIENDSHIP HOUSE OF CORAL SPRINGS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8832 CORAL SPRINGS FL 33075	P.O. BOX 8832 CORAL SPRINGS FL 33075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/09/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0223729	Applied For ☐ Not Applicable ☐

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent
SIEGEL, THOMAS J.
9986 NW 16 ST.
CORAL SPRINGS FL 33071

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Thomas J. Siegel* **3-12-95**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WITTEN MYER, KEITH	1.2 NAME	
STREET ADDRESS	11195 NW 15 ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GARDNER, BOB	2.2 NAME	
STREET ADDRESS	9851 NW 49 PL	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	VINCI, CATHY	3.2 NAME	
STREET ADDRESS	2401 NW 107 AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, THOMAS	4.2 NAME	
STREET ADDRESS	9986 NW 16 ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MORSE, TED	5.2 NAME	
STREET ADDRESS	5553 LEITNEZ DR. WEST	5.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	ZABEL, CHRISTINE	6.2 NAME	
STREET ADDRESS	799 NW 82 AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	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 110.07(3)(b), 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: *Thomas J. Siegel* **3-12-95 805-841-7311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR