

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N40437 (8)

1. Corporation Name  
 FRIENDSHIP HOUSE OF CORAL SPRINGS, INC.



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

3. Date Incorporated or Qualified: 10/09/1990  
 3a. Date of Last Report: 03/29/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 65-0223729  
 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  
 SIEGEL, THOMAS J.  
 9986 NW 16 ST.  
 CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	WITTEN MYER, KEITH	1.2 NAME	RHOADS, RON
STREET ADDRESS	11195 NW 15 ST	1.3 STREET ADDRESS	11245 NW 85th Ct
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Coral Springs FL 33065
TITLE	D	2.1 TITLE	D
NAME	GARDNER, BOB	2.2 NAME	BURROWS, RUTH
STREET ADDRESS	9851 NW 49 PL	2.3 STREET ADDRESS	13901 SW 20th St
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	Davie, FL 33325
TITLE	D	3.1 TITLE	D
NAME	VINCI, CATHY	3.2 NAME	VELAROE, JOSE
STREET ADDRESS	2401 NW 107 AVE	3.3 STREET ADDRESS	8755 Shadowwood Blvd
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	Coral Springs FL 33071
TITLE	TD	4.1 TITLE	D
NAME	SIEGEL, THOMAS	4.2 NAME	PALAN, UZLAADO
STREET ADDRESS	9986 NW 16 ST	4.3 STREET ADDRESS	12114 NW 27th Dr
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	Coral Springs FL 33065
TITLE	D	5.1 TITLE	D
NAME	MORSE, TED	5.2 NAME	SCHUPNER, CALVIN
STREET ADDRESS	5553 LEITNEZ DR. WEST	5.3 STREET ADDRESS	6924 NW 6th Ct
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	Margate, FL 33063
TITLE	D	6.1 TITLE	
NAME	BRYSON, ALAN	6.2 NAME	
STREET ADDRESS	7341 W. CYPRESS HEAD DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND 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 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: \_\_\_\_\_ (SIGNED OFFICER REQUIRED)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Calvin Schupner  
 Date: 7/8/96 (954) - 977-0921  
 Daytime Phone #

CR2E037 (3/96)