

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

P.O. BOX 8832
CORAL SPRINGS FL 33075

P.O. BOX 8832
CORAL SPRINGS FL 33075-8832

3. Date Incorporated or Qualified
10/09/1990

3a. Date of Last Report
07/11/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0223729

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEGEL, THOMAS J.
9986 NW 16 ST
CORAL SPRINGS FL 33071

81 Name RICK BRENDER

82 Street Address (P.O. Box Number is Not Acceptable)
4920 NW 102 DRIVE

83 CORAL SPRINGS

84 City

FL

85 Zip Code
33076

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

Richard P. Dennis

4/30/97

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RHOADS RON	
STREET ADDRESS	11243 NW 35TH CT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURROWS, RTH	
STREET ADDRESS	13901 SW 20TH ST	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VELAROE, JOSE	
STREET ADDRESS	8755 SHADOWWOOD BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DPAG	<input checked="" type="checkbox"/> DELETE
NAME	AN, ORLANDO	
STREET ADDRESS	12114 NW 27TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHUPNER, CALVIN	
STREET ADDRESS	6924 NW 6TH CT	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRYSON, ALAN	
STREET ADDRESS	7341 W. CYPRESS HEAD DRIVE	
CITY-ST-ZIP	PARKLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID RENKEN	
1.3 STREET ADDRESS	5570 SW 8 PLACE	
1.4 CITY-ST-ZIP	MARGATE, FL 33068	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARY ANN KUHN	
2.3 STREET ADDRESS	7536 PINEWALK DRIVE SOUTH	
2.4 CITY-ST-ZIP	MARGATE, FL 33063	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LISA DANIELS	
3.3 STREET ADDRESS	6484 NW 55 MANOR	
3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33067	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

Lisa Daniels

500002184465
-05/20/97--01009--026
***61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lisa E. Daniels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/97 LISA E. DANIELS

Date Daytime Phone # 0026220

CF2E037 (9/96)