

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40437** (8)

1. Corporation Name

**FRIENDSHIP CENTER OF CORAL SPRINGS, INC.**



Principal Place of Business <b>% RIVERSIDE CHRISTIAN FELLOWSHIP 8032 W. SAMPLE ROAD MARGATE FL 33065</b>	Mailing Address <b>% RIVERSIDE CHRISTIAN FELLOWSHIP 8032 W. SAMPLE ROAD MARGATE FL 33065</b>
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2. Principal Place of Business 21 <b>957 SW 71 AVENUE</b> Suite, Apt. #, etc. 22 City & State 23 <b>NORTH LAUDERDALE, FL</b> Zip 24 <b>33068</b> Country 25 <b>U.S.A.</b>	2a. Mailing Address 26 <b>957 SW 71 AVENUE</b> Suite, Apt. #, etc. 27 City & State 28 <b>NORTH LAUDERDALE, FL</b> Zip 29 <b>33068</b> Country 30 <b>U.S.A.</b>
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3. Date Incorporated or Qualified <b>10/09/1990</b>	
4. FEI Number <b>65-0223729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BRENNER, RICK 4920 NW 102 DRIVE CORAL SPRINGS FL 33076</b>
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10. Name and Address of New Registered Agent 81 Name <b>WITTENMYER, KEITH</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1195 NW 15 STREET,</b> 83 84 City <b>CORAL SPRINGS FL</b> 85 Zip Code <b>33071</b>
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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]* DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DO RENKEN, DAN</b>
STREET ADDRESS	<b>5570 SW 8 PLACE</b>
CITY-ST-ZIP	<b>MARGATE FL 33068</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DO KUHN, MARY A</b>
STREET ADDRESS	<b>7536 PINEWALK DRIVE SOUTH</b>
CITY-ST-ZIP	<b>MARGATE FL 33063</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DO DANIELS, LISA</b>
STREET ADDRESS	<b>6484 NW 55 MANOR</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DO WITTENMYER, KEITH</b>
4.3 STREET ADDRESS	<b>1195 NW 15 STREET,</b>
4.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>
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	

14. I 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: *[Signature]*

CR2E037 (10/97)