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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90120 012 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N40437**

1. Corporation Name

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

Principal Place of Business  
957 SW 71 AVENUE  
NORTH LAUDERDALE FL 33068  
US

Mailing Address  
957 SW 71 AVENUE  
NORTH LAUDERDALE FL 33068  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**10/09/1990**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**65-0223729**

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRENNER, RICK**  
**4920 NW 102 DRIVE**  
**CORAL SPRINGS FL 33076**

81 Name **KEITH WITTENMYER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1195 NW 15 STREET**  
83  
84 City **CORAL SPRINGS** **FL** 85 Zip Code  
**33071**

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 *Keith Wittenmyer*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/14/99**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **DO RENKEN, DAN**  
STREET ADDRESS **5570 SW 8 PLACE**  
CITY-ST-ZIP **MARGATE FL 33068**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DO KUHN, MARY A**  
STREET ADDRESS **7536 PINEWALK DRIVE SOUTH**  
CITY-ST-ZIP **MARGATE FL 33063**

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

TITLE ☐ DELETE  
NAME **DO DANIELS, LISA**  
STREET ADDRESS **6484 NW 55 MANOR**  
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

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

TITLE ☐ DELETE  
NAME **DO WITTENMYER, KEITH**  
STREET ADDRESS **11195 NW 15 STREET**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Keith Wittenmyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)