

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40437

FILED
Jan 15, 2007
Secretary of State

Entity Name: FRIENDSHIP CENTER OF CORAL SPRINGS, INC.

Current Principal Place of Business:

957 SW 71 AVENUE
NORTH LAUDERDALE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

957 SW 71 AVENUE
NORTH LAUDERDALE, FL 33068 US

New Mailing Address:

FEI Number: 65-0223729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITTENMYER, KEITH
11195 NW 15 ST.
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

KUHN, MARY ANN
7713 HIGHLANDS CIRCLE
MARGATE, FL 33063 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARY ANN KUHN

01/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KUHN, MARY A
Address: 7536 PINEWALK DRIVE SOUTH
City-St-Zip: MARGATE, FL 33063

Title: PTD () Delete
Name: WITTENMYER, KEITH
Address: 11195 NW 15 STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Delete
Name: SITTON, ROBERT W
Address: 105 NW 104 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WITTENMYER, LINDA L
Address: 11195 NW 15TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Change () Addition
Name: SITTON, ROBERT W
Address: 105 NW 104 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. SITTON

TREA

01/15/2007

Electronic Signature of Signing Officer or Director

Date