2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jan 16, 2008 8:00 am Secretary of State DOCUMENT # N40437 01-16-2008 90047 044 ****61.25 FRIENDSHIP CENTER OF CORAL SPRINGS, INC. Principal Place of Business Mailing Address 40004931 957 SW 71 AVENUE 957 SW 71 AVENUE NORTH LAUDERDALE, FL 33068 NORTH LAUDERDALE, FL 33068 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 65-0223729 City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUHN, MARY ANN Street Address (P.O. Box Number is Not Acceptable) 7713 HIGHLANDS CIRCLE MARGATE, FL 33063 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME WITTENMYER, LINDA L NAME STREET ADDRESS 11195 NW 15TH STREET STREET ADDRESS CORAL SPRINGS, FL 33071 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change ___ Addition TITLE TITLE SITTON, ROBERT W NAME NAME STREET ADDRESS 105 NW 104 TERRACE STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP CITY-ST-7P Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 10 or Block 11 if

FILED

Daytime Phone #