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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N51270

1. Corporation Name

SENIOR FRIENDSHIP CENTERS FOUNDATION, INC.

Principal Place of Business

1800 SECOND ST
SUITE 808
SARASOTA FL 34236
US

Mailing Address

1800 SECOND ST
SUITE 808
SARASOTA FL 34236
US



2. Principal Place of Business

21 1888 BROTHER GEENEN WAY

Suite, Apt. #, etc.

22

City & State
23 SARASOTA, FL

Zip Country

24 34236 25

2a. Mailing Address

26 1888 BROTHER GEENEN WAY

Suite, Apt. #, etc.

27

City & State
28 SARASOTA, FL

Zip Country

29 34236 30

3. Date Incorporated or Qualified

10/08/1992

4. FEI Number

APPLIED FOR 65-0364819

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TOALE, KATHLEEN,
1800 SECOND ST
SUITE 808
SARASOTA, FL 34236

10. Name and Address of New Registered Agent

81 Name PATRICIA A. TYLER

82 Street Address (P.O. Box Number is Not Acceptable)

1888 BROTHER GEENEN WAY

83

84 City SARASOTA

FL

85 Zip Code 34236

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

Patricia A. Tyler

(NOTE: Registered Agent signature required when reinstating)

4/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME TOALE, KATHLEEN
STREET ADDRESS P.O. DRAWER T,
CITY-ST-ZIP SARASOTA FL 34230 ☒ DELETE

TITLE ST
NAME WELLMAN, GILBERT
STREET ADDRESS 7413 LINKS CT.
CITY-ST-ZIP SARASOTA FL 34243 ☐ DELETE

TITLE D
NAME GEENEN, WILLIAM J C.S.C.
STREET ADDRESS P O BOX 460 N/A
CITY-ST-ZIP NOTRE DAME IN 46556 ☒ DELETE

TITLE D
NAME ANTRIM, ROBERT
STREET ADDRESS 7622 WEEPING WILLOW
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE D
NAME SCHERSTEN, KATHY
STREET ADDRESS 4693 GLEBE FARM ROAD
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE ED
NAME SMITH, GARY W
STREET ADDRESS 4800 SECOND ST., SUITE 808
CITY-ST-ZIP SARASOTA FL 34236 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C
1.2 NAME TYLER, PATRICIA A.
1.3 STREET ADDRESS 2202 CASEY KEY RD
1.4 CITY-ST-ZIP NOKOMIS, FL 34275-3321 ☐ Change ☒ Addition

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

3.1 TITLE VC
3.2 NAME DANIEL BECHTOLD
3.3 STREET ADDRESS 720 S. ORANGE AVE.
3.4 CITY-ST-ZIP SARASOTA, FL 34236 ☐ Change ☒ Addition

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

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

6.1 TITLE ED
6.2 NAME GARY W SMITH
6.3 STREET ADDRESS 1888 BROTHER GEENEN WAY
6.4 CITY-ST-ZIP SARASOTA, FL 34236 ☒ Change ☐ Addition

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:

GARY W SMITH

SMITH, GARY W, 4/1/99

(941)952-0911

CR25037-11/98