

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90082 014 ****61.25

DOCUMENT # N93000000018

1. Entity Name
FRIENDS WHO CARE, INC.



Principal Place of Business

**1619 PERIWINKLE WAY
S-102
SANIBEL, FL 33957**

Mailing Address

**1619 PERIWINKLE WAY
S-102
SANIBEL, FL 33957**



01132006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0327745

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOUWERS, THOMAS R
1619 PERIWINKLE WAY
S-102
SANIBEL, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	LOUWERS, THERESA E
STREET ADDRESS	1619 PERIWINKLE STE. 102
CITY-ST-ZIP	SANIBEL, FL
TITLE	D
NAME	CAMERON, FRAN
STREET ADDRESS	527 E GULF DR # 203
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	VP
NAME	HOGGATT, CYNDIE
STREET ADDRESS	1752 SERENITY LN
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	P
NAME	LOUWERS, THOMAS R
STREET ADDRESS	1619 PERIWINKLE WAY, S-102
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D
NAME	KAREN, BELL
STREET ADDRESS	1827 MIDDLE GULF DR
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D
NAME	CHENEY, SALLY
STREET ADDRESS	186 SOUTHWINDS DR
CITY-ST-ZIP	SANIBEL, FL 33957

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Theresa E Louwers **THERESA E. LOUWERS**

1-25-06

239-472-5152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #