

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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**



03022007 No Chg-NP

CR2E037 (4/06)

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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 \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
LOUWERS, THERESA E
1619 PERIWINKLE STE. 102
SANIBEL, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HOGGATT, CYNDIE
1752 SERENITY LN
SANIBEL, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LOUWERS, THOMAS R
1619 PERIWINKLE WAY, S-102
SANIBEL, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAREN, BELL
1827 MIDDLE GULF DR
SANIBEL, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHENEY, SALLY
186 SOUTHWINDS DR
SANIBEL, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

3/21/07

239-472-5152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #