

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000018

FILED
Apr 27, 2009
Secretary of State

Entity Name: FRIENDS WHO CARE, INC.

Current Principal Place of Business:

1619 PERIWINKLE WAY
S-102
SANIBEL, FL 33957

New Principal Place of Business:

1619 PERIWINKLE WAY
STE-102
SANIBEL, FL 33957

Current Mailing Address:

1619 PERIWINKLE WAY
S-102
SANIBEL, FL 33957

New Mailing Address:

1619 PERIWINKLE WAY
STE-102
SANIBEL, FL 33957

FEI Number: 65-0327745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LOUWERS, THOMAS R
1619 PERIWINKLE WAY
STE - 102
SANIBEL, FL 33957 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:

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: LOUWERS, THERESA E
Address: 1619 PERIWINKLE STE. 102
City-St-Zip: SANIBEL, FL

Title: VP () Delete
Name: HOGGATT, CYNDIE
Address: 1752 SERENITY LN
City-St-Zip: SANIBEL, FL 33957

Title: P () Delete
Name: LOUWERS, THOMAS R
Address: 1619 PERIWINKLE WAY, S-102
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: KAREN, BELL
Address: 1827 MIDDLE GULF DR
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: CHENEY, SALLY
Address: 186 SOUTHWINDS DR
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: PATRICIA, VAN ALSTYNE
Address: 3057 W GULF DR
City-St-Zip: SANIBEL, FL 33957

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS R LOUWERS, M.S.T.

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date