

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000018

FILED  
Apr 28, 2010  
Secretary of State

Entity Name: FRIENDS WHO CARE, INC.

**Current Principal Place of Business:**

1619 PERIWINKLE WAY  
STE-102  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

1619 PERIWINKLE WAY  
STE-102  
SANIBEL, FL 33957

**New Mailing Address:**

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  
STE - 102  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: HOGGATT, CYNDIE  
Address: 1752 SERENITY LN  
City-St-Zip: SANIBEL, FL 33957

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

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

Title: DVP  
Name: CHENEY, SALLY  
Address: 186 SOUTHWINDS DR  
City-St-Zip: SANIBEL, FL 33957

I hereby 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 all other like empowered.

SIGNATURE: THOMAS R LOUWERS

P

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date