

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005497 (3)

1. Corporation Name

UNCOMMON FRIENDS, INC.



Principal Place of Business

P.O. BOX 398
FORT MYERS FL 33902

Mailing Address

P.O. BOX 811
FORT MYERS FL 33902

3. Date Incorporated or Qualified
12/07/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 2115 Second Street

Suite, Apt. #, etc.

22 #331

City & State

23 Fort Myers, Florida

24 33901

25 Country
Lee

2a. Mailing Address

26 PO Box 811

Suite, Apt. #, etc.

27

City & State

28 Fort Myers, Florida

29 33902

30 Country
Lee

4. FEI Number

NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMOOT, J. TOM JR.
12800 UNIVERSITY PARK DRIVE
SUITE 600
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

Diana M. Vosburgh

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

2115 Second Street #331

83

#331

84 City

Fort Myers

FL

85 Zip Code
33901

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

Diana M. Vosburgh

Diana M. Vosburgh, Executive Director

5-30-94

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

ALBION, JOHN

STREET ADDRESS

9758 COUNTRY OAKS

CITY-ST-ZIP

FORT MYERS FL 33912

TITLE

DVT

☐ DELETE

NAME

MYERS, FRAN

STREET ADDRESS

1113 ESTERO BLVD.

CITY-ST-ZIP

FORT MYERS BEACH FL 33931

TITLE

S

☐ DELETE

NAME

COONEY, JODY VAN

STREET ADDRESS

8450 BEACON BLVD.

CITY-ST-ZIP

FORT MYERS FL 33907

TITLE

D

☐ DELETE

NAME

HODIHAN, KERREY

STREET ADDRESS

15361 RIVER VISTA DRIVE

CITY-ST-ZIP

N. FT. MYERS FL 33917

TITLE

D

☒ DELETE

NAME

DAVIS, WILLIAM

STREET ADDRESS

310 CAROL WAY

CITY-ST-ZIP

FORT MYERS FL 33905

TITLE

D

☐ DELETE

NAME

ROBINSON, DAVID DR.

STREET ADDRESS

5668 JEREZ COURT

CITY-ST-ZIP

FORT MYERS FL 33917

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

☒ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

☒ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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.

SIGNATURE:

John S. Albion
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/12/96 (941) 335-2225

CR2E037 (12/95)