

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 # N95000003276 (1)

1. Corporation Name

FRIENDLY VISITORS, INC.



Principal Place of Business

9220 BONITA BEACH ROAD, STE. 216
BONITA SPRINGS FL 33959

Mailing Address

P.O. BOX 2585
BONITA SPRINGS FL 33959

3. Date Incorporated or Qualified
07/11/1995

3a. Date of Last Report
FIRST

2. Principal Place of Business

2a. Mailing Address

21 **3930 LEEWARD PASSAGE CT 104**

26 **PO Box 2585**

4. FEI Number

65-0594004

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **104**

27

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

24 **33923**

25 **USA**

29 **33959**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

GEORGE A. DEVITO

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

3930 LEEWARD PASSAGE COURT #104

83

PO Box 2585

84 City

BONITA SPRINGS FL

85 Zip Code

33959

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

GEORGE A. DEVITO

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

(NOTE: Registered Agent signature required when reinstating)

2-5-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE
NAME **DEVITO, GEORGE A**
STREET ADDRESS **3930 LEEWARD PASSAGE COURT, SUITE 104**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VSD** ☐ DELETE
NAME **DEVITO, CYNTHIA A**
STREET ADDRESS **3930 LEEWARD PASSAGE COURT, SUITE 104**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **DEVITO, GEORGE A**
STREET ADDRESS **3930 LEEWARD PASSAGE COURT, SUITE 104**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
3.2 NAME **DEVITO, ANNE MARI**
3.3 STREET ADDRESS **24033 DIGT2 DRIVE**
3.4 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

George A. Devito President

2-5-96

(941) 495-3846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)