FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

N95000003276 (1)

FRIENDLY VISITORS, INC.

Principal Place of Business Mailing Address 3930 LEEWARD PASSAGE COURT P.O. BOX 2585

FILED Jan 24 1997 8:00am Secretary of State



BONITA SPRIM	25 FI 22022	US	r2303		·	
US	55 FE 55525	SAME		3. Date Incorporated or Qualified 07/11/1995	3a. Date of Last Report 02/09/1996	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	SUMLAND LANE	26 PO BOX 25	87	65-0594004	Not Applicable	
Suite, Apt. (#, elc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			,	6. Election Campaign Financing	\$5.00 May Be	
23 EST	ero FL	28 Bonia Spr	ing FL	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,	
24 <i>3</i> 3 9 3		1	N VS A	7 10 100 0101010	JYes 🔀 No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	eglatered Agent	
81 Name OF ORGE A. DE					3	
3930 LEEWARD PASSAGE COURT, # 104				82 Street Address (P.O. Box Number is Not Acceptable) 3 (UFO SUNKARD LANG		
BONITA SPRINGS FL 33959					85 Zip Code	
				7 <i>E</i> RÙ	FL 33928	
11. Pursuant to the provisions of Sections 617.0502 and 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. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI		
TITLE	PTD	☐ DELETE	1.1 TITLE	479	Change	
NAME	DEVITO, GEORGE A		1.2 NAME	DEVITO, GEORGE	<i>↑</i>	
STREET ADDRESS	3930 LEEWARD PASSAGE CO	Durt, Suite 104	1.3 STREET ADDRESS	3680 SUNLAND	LANG	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CITY - ST - ZIP	ESTERO FL 33	924	
TITLE	VSD	☐ DELETE	2.1 TITLE	VSD	Change	
NAME	DEVITO, CYNTHIA A		2.2 NAME	DEVITO CYNTHI	<i>A</i> .	
STREET ADDRESS	3930 LEEWARD PASSAGE CO	ourt, suite 104	2.3 STREET ADDRESS	3680 SUNLAND L	NNE	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		2. 4 CITY - ST - ZIP	ESTERD FL.	339 22	
TITLE	D	☐ DELETE	3.1 TITLE	7	Change Addition	
NAME	DEVITO, ANN M		3.2 NAME	DEVITO ANNE DE 12 DE 12 DE	m	
STREET ADDRESS	24033 DIETZ DRIVE		3.3 STREET ADDRESS	24033 DIETL DA	21160	
CITY-ST-ZIP	BONITA SPRINGS FL		3.4. CITY-ST-ZIP	BONITA SPRINGS 1	CL 34135	
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		ł	
CITY-ST-ZIP			4.4 CiTY-ST-ZiP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		į	
STREET ADDRESS			5.3 STREET ADDRESS		1	
CHTY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		-	
CITY ST-ZIP	ou certify that the information supplied	with this filing does not qualify	6.4 City-ST-ZIP	stated in Section 119 07(3)(i) Florida Statut	as I further certify that the	

roo riereby certury that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). 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.