FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # N9500003276 (1)

FRIENDLY VISITORS, INC.

FILED
Feb 05 1998 8:00am
Secretary of State

FRIENDLY VISITORS, INC.													
Principal Place of Business			Mailing A	Mailing Address					I INDIIAMA BEN ANADI OHAK ONTAL DAKAT OBIA		FRANK OMFRE I		
3680 SUNLANI	N I ANE	D 0 00V	· ·										
# 104			P.O. BOX 2585 BONITA SPRINGS FL 33959				3.	Date Incorporated or Qualified					
ESTERO FL 33928			US	US				07/11/1995 4. FEI Number Applied For					
US								٦.	65-0594004			oplied For of Applicable	
2. Principal P	Place of Business		2a. Mailing Address				 			. ! _ ! -	Additional		
21			26	26				5.	Certificate of Status Desired	٠ ل	ر 190.750 Fee Re		
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				6.	Election Campaign Financing		\$5.00		
22			27						Trust Fund Contribution		Added to		
City & State			City & State				7.	Is this nonprofit corporation a home			n?		
23 Zin	Zip Country			Zip Country				☐ Yes ☐ No					
24 Zip	25 Country		Zip	29 30		у			This corporation owes or has paid to				
		ddress of Curre		gent	10			10	Personal Property Tax due June 30. Name and Address of New Regist			_ No	
			riogistaled Agent						ou rige				
DEVITO	, GEORGE A					B	- · · / ·	O Della Maria della dell					
	JNLAND LANE					t Addres	ess (P.O. Box Number is Not Acceptable)						
P.O. BO													
	FL 33928				84	0.5.							
						,						Code	
11. Pursuant	to the provisions of	Sections 617.050	02 and 617.1508	, Florida Statutes	the abov	e-name	d corpo	ration	n submits this statement for the purp	ose of ch	anging it	s registered	
agent. I a	m familiar with, and	decept the oblig	ations of, Sectio	n 617.0503, Flori	ida Statute	y the ce s.	ирогано	пвр	poard of directors, I hereby accept the	ie appoini	ment as	registered	
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													
12.	Signature, typed or printe		ent and title if applicab ID DIRECTORS	e. (NOTE:	Registered Ap	ent signatu	ire required			DATE			
TITLE	PTD	OFFICENS AN	ID DIRECTORS	DELETE	13. 1.1 TITLE		7		ADDITIONS/CHANGES TO OFFICERS		Change	S IN 12 Addition	
NAME	DEVITO, GEO	RGF A			1.2 NAME						Ollange	L. Addition	
STREET ADDRESS	3680 SUNLAI					T ADDRESS						ì	
CITY-ST-ZIP	ESTERO FL	— — — —			1.4 CITY-5								
TITLE	VSD		*	DELETE	2.1 TITLE		 				Change	Addition	
NAME	DEVITO, CYN	THIA A			22 NAME		ļ				_		
STREET ADDRESS	3680 SUNLAN	ND LANE			2.3 STREET	T ADDRESS						ĺ	
CITY-ST-ZIP	ESTERO FL				2.4 CITY-	ST-ZIP	1						
TITLE	D			DELETE	3.1 TITLE						Change	☐ Addition	
NAME	DEVITO, ANN				3.2 NAME								
STREET ADDRESS	24033 DIETZ				3.3 STREET	ADDRESS							
CITY-ST-ZIP	BONITA SPRI	NUS FL		DECES	3.4. CITY-	ST-ZIP	4			····			
TITLE				☐ DELETE	4.1 TITLE					L	Change	Addition	
NAME					4. 2 NAME								
STREET ADDRESS					4.3 STREET							j	
CITY-ST-ZIP		 		DELETE	4.4 CITY - S	ST-ZIP	+			, , , , , , , , , , , , , , , , , , , 	Charge	Application	
TITLE NAME				La occut	5.1 TITLE					L	Change	☐ Addition	
STREET ADDRESS					5.2 NAME	ADDOCCO							
					5.3 STREET								
CITY-ST-ZIP TITLE			W*	DELETE	5.4 CITY - S 6.1 TITLE	ı-ZIP	+				Change	Addition	
NAME	•				6.2 NAME		1				our No.	rwdilion	
STREET ADDRESS					6.3 STREET	ADDRESS							
CATY-ST-ZIP					6.4 CITY - S								
44 (1	1212 11 1 1 1 1	 			0.7 (111-3	1 411							

14. I hereby certify that the information supplied with this filing does not qualify 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.

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I A. D. WHO

1-20.90 (94)495-3866

CR2E037 (10/97