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Mar 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004117 (6)

1. Corporation Name

BRANDON'S FRIENDLY SINGLES, INC.

Principal Place of Business

501 WILBER STREET
BRANDON FL 33511

Mailing Address

849 Creekway Ct
601 COTTAGE GROVE CIRCLE
VALRICO FL 33594-67613. Date Incorporated or Qualified
08/28/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 849 Creekway Ct
27 Suite, Apt. #, etc.4. FEI Number
65-0626536Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

23 City & State

28 City & State

BRANDON FL

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

33511

30 Country

FL/ISBWD

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUINT, MARY E
601 COTTAGE GROVE CIRCLE
VALRICO FL 33594

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME TD
STREET ADDRESS QUINT, MARY E
CITY-ST-ZIP 601 COTTAGE GROVE CIRCLE
VALRICO FL 335941.1 TITLE ☐ Change ☒ Addition
1.2 NAME PD Ms. Marge Spencer
1.3 STREET ADDRESS 849 Creekway Ct.
1.4 CITY-ST-ZIP Brandon, FL 33511TITLE ☒ DELETE
NAME VD
STREET ADDRESS ROSSBOROUGH, NEIL
CITY-ST-ZIP 200 INVERNESS AVENUE
TAMPA FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VD Greg Ganas,
2.3 STREET ADDRESS 3820 Ravenne Ave.
2.4 CITY-ST-ZIP Valrico, FL 33594TITLE ☒ DELETE
NAME VD
STREET ADDRESS COOK, JIM
CITY-ST-ZIP 5060 E HINSON AVENUE
HAINES CITY FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME VD Sylvia Dzugan
3.3 STREET ADDRESS 3404 Little Oak
3.4 CITY-ST-ZIP Valrico, FL 33594TITLE ☒ DELETE
NAME VD
STREET ADDRESS ROCK, JOYCE
CITY-ST-ZIP 8816 ASHMAN
RIVERVIEW FL4.1 TITLE ☐ Change ☒ Addition
4.2 NAME VD William Hagedorn
4.3 STREET ADDRESS 872 Timber Pond Dr
4.4 CITY-ST-ZIP Brandon, FL 33510TITLE ☒ DELETE
NAME VD
STREET ADDRESS PRESTON, WILLIAM L
CITY-ST-ZIP 601 COTTAGE GROVE CIRCLE
VALRICO FL 335945.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 689-7550

CR2E037 (9/96)