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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004117 (6)**

1. Corporation Name

**BRANDON'S FRIENDLY SINGLES, INC.**

Principal Place of Business

Mailing Address

**501 WILBER STREET  
BRANDON FL 33511**

**849 CREEKWAY CT  
BRANDON FL 33511  
US**



3. Date Incorporated or Qualified

**08/28/1995**

4. FEI Number

**65-0626536**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **1527 Thompson Road**

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Lithia, FL**

24 Zip

Country

28 Zip

Country

29 **33547**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUINT, MARY E  
801 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

1.1 TITLE ☐ Change ☒ Addition

NAME **QUINT, MARY E**  
STREET ADDRESS **801 COTTAGE GROVE CIRCLE**  
CITY-ST-ZIP **VALRICO FL 33594**

1.2 NAME **PD**  
1.3 STREET ADDRESS **Marge Spencer**  
1.4 CITY-ST-ZIP **1527 Thompson Road**  
**Lithia, FL 33547**

TITLE ☐ DELETE

2.1 TITLE **VD** ☐ Change ☒ Addition

NAME **SPENCER, MS MARGE**  
STREET ADDRESS **849 CREEKWAY CT**  
CITY-ST-ZIP **BRANDON FL**

2.2 NAME **Kathy Gering**  
2.3 STREET ADDRESS **2729 Kelly Lane**  
2.4 CITY-ST-ZIP **Lakeland, FL 33801**

TITLE ☒ DELETE

3.1 TITLE **VD** ☐ Change ☒ Addition

NAME **GANAS, GREG**  
STREET ADDRESS **3820 RAVENNE AVE**  
CITY-ST-ZIP **VALRICO FL**

3.2 NAME **Sylvia Dzugen**  
3.3 STREET ADDRESS **3404 Little Oak**  
3.4 CITY-ST-ZIP **Valrico, FL 33594**

TITLE ☐ DELETE

4.1 TITLE **VD** ☐ Change ☒ Addition

NAME **DZUGEN, SYLVIA**  
STREET ADDRESS **3404 LITTLE OAK**  
CITY-ST-ZIP **VALRICO FL**

4.2 NAME **Paul Pedro**  
4.3 STREET ADDRESS **10815 Circle Oak**  
4.4 CITY-ST-ZIP **Riverview, FL 33569**

TITLE ☒ DELETE

5.1 TITLE **TD** ☐ Change ☒ Addition

NAME **HAGEDORN, WILLIAM**  
STREET ADDRESS **872 TIMBER POND DR**  
CITY-ST-ZIP **BRANDON FL**

5.2 NAME **Dorathée Heston**  
5.3 STREET ADDRESS **1527 Thompson Road**  
5.4 CITY-ST-ZIP **Lithia, FL 33547**

TITLE ☐ DELETE

6.1 TITLE **SD** ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME **Marie Sulecki**  
6.3 STREET ADDRESS **605 Chippenham**  
6.4 CITY-ST-ZIP **Brandon, FL 33511**

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.

SIGNATURE:

*Marge Spencer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/10/98* *813-689-7552*  
Date Daytime Phone #

CR2E037 (10/97)