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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004929 (4)

1. Corporation Name

FRIENDS' HOUSING AND CARE, INC.

Principal Place of Business

1348 COTTONWOOD TRAIL
SARASOTA FL 34232-3437

Mailing Address

1348 COTTONWOOD TRAIL
SARASOTA FL 34232-34373. Date Incorporated or Qualified
10/13/19953a. Date of Last Report
02/14/1996

2. Principal Place of Business

21 4103 S TAMARAI TRAIL
Suite, Apt. #, etc.

2a. Mailing Address

26 4103 S TAMARAI TRAIL
Suite, Apt. #, etc.4. FEI Number
65-0633546Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 VENICE FL

City & State

28 VENICE FL 34293

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

Zip

24 34293

Country

25 SMITH

Zip

29 34293

Country

30 SMITH

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

MARTIN, WILLIAM R
1348 COTTONWOOD TRAIL
SARASOTA FL 34232-3437

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GONDON, ROBERT	
STREET ADDRESS	307 TERRY CIEA DR	
CITY-ST-ZIP	PALMETTO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, WILLIAM R	
STREET ADDRESS	1348 COTTONWOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GONDON, MARIE	
STREET ADDRESS	337 TERRY CIEA DR	
CITY-ST-ZIP	PALMETTO FL	
TITLE	NP	<input checked="" type="checkbox"/> DELETE
NAME	WASSKAR, ELSIE	
STREET ADDRESS	2547 BURR OAK CT W	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODWARD, AMERICUS	
STREET ADDRESS	307 TERRY CIEA DR	
CITY-ST-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEPHEN BRANTINGHAM	
1.3 STREET ADDRESS	4615 OCEAN BLVD	
1.4 CITY-ST-ZIP	SARASOTA, FL 34242	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GEORGE R. LE ROY	
2.3 STREET ADDRESS	458 LAKE OF THE WOODS DR	
2.4 CITY-ST-ZIP	VENICE FL 34293	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HERBERT HALLMAN	
3.3 STREET ADDRESS	845 JOLANDA CIR	
3.4 CITY-ST-ZIP	VENICE FL 34292	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AMERICUS WOODWARD	
5.3 STREET ADDRESS	2102 18th ST W	
5.4 CITY-ST-ZIP	BRADENTON FL 34205	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Telephone # 0000000

CR2E037 (9/96)