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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004929 (4)**

1. Corporation Name

FRIENDS' HOUSING AND CARE, INC.

Principal Place of Business

**4103 S TAMiami TRAIL
VENICE FL 34293
US**

Mailing Address

**4103 S TAMiami TRAIL
VENICE FL 34293
US**

3. Date Incorporated or Qualified

10/13/1995

4. FEI Number

65-0633546

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 3600 William Penn Way

Suite, Apt. #, etc.

22

City & State

23 Venice FL

Zip

24 34293

Country

25 SARASOTA

2a. Mailing Address

26 3600 Wm Penn Way

Suite, Apt. #, etc.

27

City & State

28 Venice FL

Zip

29 34293

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

3600 William Penn Way

83

84 City Venice

FL

85 Zip Code 34293

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 **V** ☒ DELETE

NAME **STEPHEN BRANTINGHAM**
STREET ADDRESS **4615 OCEAN BLVD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **T** ☐ DELETE

NAME **GEORGE R LE ROY**
STREET ADDRESS **458 LAKE OF THE WOODS DR**
CITY-ST-ZIP **VENICE FL**

TITLE **D** ☐ DELETE

NAME **HERBERT HALLMAN**
STREET ADDRESS **845 JOLANDA CIR**
CITY-ST-ZIP **VENICE FL**

TITLE **D** ☐ DELETE

NAME **WOODWARD, AMERICUS**
STREET ADDRESS **2102 18TH ST FW**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/26/98

94/492553

Daytime Phone #

CR2E037 (10/97)