

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005984 (7)

1. Corporation Name

F.R.I.E.N.D.S. TEAMWORK PSL CHAPTER, INC.

Principal Place of Business

906 SW BAYSHORE BLVD  
PORT ST LUCIE FL 34983

Mailing Address

906 SW BAYSHORE BLVD  
PORT ST LUCIE FL 34983-18043. Date Incorporated or Qualified  
11/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 932 SW Bayshore Blvd

Suite, Apt. #, etc.

22 City &amp; State

23 Port St Lucie, FL

Zip

24 34983

Country

2a. Mailing Address

26 932 SW Bayshore

Suite, Apt. #, etc.

27 City &amp; State

28 Port St Lucie, FL

Zip

29 34983

Country

30

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EDGE, JOSEPH  
906 SW BAYSHORE BLVD  
PORT ST LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name

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

932 SW Bayshore Blvd

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 PD ☐ DELETENAME DRAMIS, JOEL A  
STREET ADDRESS 2553 S W KENILWORTH ST  
CITY-ST-ZIP PORT ST LUCIE FL 34953TITLE TD ☐ DELETENAME EDGE, JOE  
STREET ADDRESS 832 SW BAYSHORE BLVD  
CITY-ST-ZIP PORT ST LUCIE FL 34983TITLE D ☐ DELETENAME COHEN, ARTHUR  
STREET ADDRESS 3225 SE PINTO STREET  
CITY-ST-ZIP PORT ST LUCIE FL 34984TITLE VD ☐ DELETENAME ALLEN, ART  
STREET ADDRESS 410 SAEGER AVE  
CITY-ST-ZIP FT PIERCE FL 34982TITLE SD ☐ DELETENAME LOUDERBACK, KRISSY  
STREET ADDRESS 1593 SE VILLAGE GREEN DR UNIT 14  
CITY-ST-ZIP PORT ST LUCIE FL 34952TITLE D ☐ DELETENAME WILLIAMS, GUY  
STREET ADDRESS 9122 S FEDERAL HWY STE 260  
CITY-ST-ZIP PORT ST LUCIE FL 34952

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/97

CR2E037 (9/96)