

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 17 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
---	---	---

**DOCUMENT # N96000005984 (7)**

**1. Corporation Name**  
**F.R.I.E.N.D.S. TEAMWORK PSL CHAPTER, INC.**



<b>Principal Place of Business</b> 832 S.W. BAYSHORE BLVD. PORT ST LUCIE FL 34983 US	<b>Mailing Address</b> 832 S.W. BAYSHORE PORT ST LUCIE FL 34983 US
---	---

**3. Date Incorporated or Qualified**  
 11/19/1996

**4. FEI Number** 59-3245696  
 APPLIED FOR

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**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

**9. Name and Address of Current Registered Agent**

EDGE, JOSEPH  
 932 S.W. 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)  
**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	DRAMIS, JOEL A
STREET ADDRESS	2553 S W KENILWORTH ST
CITY-ST-ZIP	PORT ST LUCIE FL 34983
TITLE	TD <input type="checkbox"/> DELETE
NAME	EDGE, JOE
STREET ADDRESS	932 SW BAYSHORE BLVD
CITY-ST-ZIP	PORT ST LUCIE FL 34983
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	COHEN, ARTHUR
STREET ADDRESS	3225 SE PINTO STREET
CITY-ST-ZIP	PORT ST LUCIE FL 34984
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ALLEN, ART
STREET ADDRESS	410 SAEGER AVE
CITY-ST-ZIP	FT PIERCE FL 34982
TITLE	SD <input type="checkbox"/> DELETE
NAME	LOUDERBACK, KRISSEY
STREET ADDRESS	1593 SE VILLAGE GREEN DR UNIT 14
CITY-ST-ZIP	PORT ST LUCIE FL 34952
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAMS, GUY
STREET ADDRESS	9122 S FEDERAL HWY STE 280
CITY-ST-ZIP	PORT ST LUCIE FL 34952

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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:** \_\_\_\_\_ **3/27/98** **561 879 2895**

CP2E037 (1097)