

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 17 1998 8:00am
Secretary of State

DOCUMENT # N96000005984 (7)

1. Corporation Name

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

Principal Place of Business

Mailing Address

832 S.W. BAYSHORE BLVD.
PORT ST LUCIE FL 34983
US

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

APPLIED FOR

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

EDGE, JOSEPH
832 S.W. BAYSHORE BLVD.
PORT ST LUCIE FL 34983

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 PD ☐ DELETE
NAME DRAMIS, JOEL A
STREET ADDRESS 2553 S W KENILWORTH ST
CITY-ST-ZIP PORT ST LUCIE FL 34953

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME EDGE, JOE
STREET ADDRESS 932 SW BAYSHORE BLVD
CITY-ST-ZIP PORT ST LUCIE FL 34983

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME COHEN, ARTHUR
STREET ADDRESS 3225 SE PINTO STREET
CITY-ST-ZIP PORT ST LUCIE FL 34984

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME ALLEN, ART
STREET ADDRESS 410 SAEGER AVE
CITY-ST-ZIP FT PIERCE FL 34982

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME LOUDERBACK, KRISSEY
STREET ADDRESS 1593 SE VILLAGE GREEN DR UNIT 14
CITY-ST-ZIP PORT ST LUCIE FL 34952

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WILLIAMS, GUY
STREET ADDRESS 9122 S FEDERAL HWY STE 260
CITY-ST-ZIP PORT ST LUCIE FL 34952

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]

3/27/98

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CP2E037 (10/97)