

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90003 049 ****61.25

DOCUMENT # N97000003212

1. Corporation Name

THE TRUE FRIENDS FOUNDATION, INCORPORATED

Principal Place of Business

2758 SE NORMAND STREET
STUART FL 34997

Mailing Address

2758 SE NORMAND STREET
STUART FL 34997

* 5 9 0 8 9 3 - 9 0 0 0 3 - 0 4 9 3 *



2. Principal Place of Business

21 642 NW River Dr

Suite, Apt. #, etc.

22

City & State

23 STUART, FLORIDA

Zip

24 34994

Country

25 USA

2a. Mailing Address

26 THE TRUE FRIENDS FOUNDATION, INC

Suite, Apt. #, etc.

27

City & State

28 JENSEN BEACH, FLORIDA

Zip

29 34958-1026

Country

30 USA

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COX, IRA C

2758 SE NORMAND STREET
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name

COX, IRA C

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

2758 SE NORMAND STREET 642 NW River Dr.

83

City

STUART

FL

85 Zip Code

34994

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 ☐ DELETE

NAME COX, IRA C
STREET ADDRESS 2758 SE NORMAND STREET
CITY-ST-ZIP STUART FL 34997

TITLE VD ☐ DELETE

NAME KOZIK, JOSEPH L
STREET ADDRESS 2758 SE NORMAND STREET
CITY-ST-ZIP STUART FL 34997

TITLE STD ☐ DELETE

NAME HUBBARD, LOUISE S
STREET ADDRESS 2367 SE HARRINGTON AVENUE
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/99

Date

561-844-6400X155

Daytime Phone #

CR2E037 (11/98)