

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90206 010 ***150.00

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1. Entity Name

FRIEND'S ASSISTED LIVING FACILITY, INC.,



Principal Place of Business

**1102 ALAMEDA AVE.
FORT PIERCE, FL 34982**

Mailing Address

**1102 ALAMEDA AVENUE
FORT PIERCE, FL 34982**

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number

86-1080751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEWTON, ETHEL S
1102 ALAMEDA AVENUE
FORT PIERCE, FL 34982**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**NEWTON, ETHEL S
2171 SE FLAGSTONE CT
PORT ST LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
MILLER, NOVLETTE F
122 ALDEA STREET
PORT ST. LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
MILLER, NOVLETTE
1102 ALAMDA AVE
FORT PIERCE, FL 34982**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Novlette Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/06

Daytime Phone #