

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000081759 (0)**

1. Corporation Name

FRIENDRAISERS MARKETING, INC.



Principal Place of Business

Mailing Address

**2145 MEADOW BROOK DRIVE
CLEARWATER FL 34619**

**2145 MEADOW BROOK DRIVE
CLEARWATER FL 34619**

3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3286634

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLEMAN, VONNIE H
2145 MEADOW BROOK DRIVE
CLEARWATER FL 34619**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and not applicable

(If Officer: Registered Agent's signature required when first filing)

(Date)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

COLEMAN, VONNIE H

1.2 NAME

STREET ADDRESS

2145 MEADOW BROOK DRIVE

1.3 STREET ADDRESS

CITY - ST - ZIP

CLEARWATER FL 34619

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

☐ DELETE

2.1 TITLE

NAME

☐ DELETE

2.2 NAME

STREET ADDRESS

☐ DELETE

2.3 STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

☐ DELETE

3.1 TITLE

NAME

☐ DELETE

3.2 NAME

STREET ADDRESS

☐ DELETE

3.3 STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

☐ DELETE

4.1 TITLE

NAME

☐ DELETE

4.2 NAME

STREET ADDRESS

☐ DELETE

4.3 STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

☐ DELETE

5.1 TITLE

NAME

☐ DELETE

5.2 NAME

STREET ADDRESS

☐ DELETE

5.3 STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

☐ DELETE

6.1 TITLE

NAME

☐ DELETE

6.2 NAME

STREET ADDRESS

☐ DELETE

6.3 STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Vonnie H. Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96

813-291-3435
Business Phone #

CR2E034 (3/96)