

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V32847 (8)

1. Corporation Name

FRIENDS ASSISTING SENIORS & FAMILIES, INC.

Principal Place of Business

**3923 LAKE WORTH RD
#209
LAKE WORTH FL 34461**

Mailing Address

**3923 LAKE WORTH RD
#209
LAKE WORTH FL 34461**

FILED

95 JUL 31 PM 12:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/29/1992

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0294490

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**

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

2. Principal Place of Business

21 2324 S. Congress Ave.

Suite, Apt. #, etc.

22 Suite 2A

City & State

23 West Palm Beach, FL

Zip

24 33406

Country

25 U.S.A.

2a. Mailing Address

26 2324 S. Congress Ave.

Suite, Apt. #, etc.

27 Suite 2A

City & State

28 West Palm Beach, FL

Zip

29 33406

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**MORRIS, ELAYNE R
5306 EVENING STAR WAY
LAKE WORTH FL 33467**

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 607.0502 and 607.1506, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PS

NAME

MORRIS, ELAYNE R.F.

STREET ADDRESS

5306 EVENING STAR WAY

CITY - ST - ZIP

LAKE WORTH FL

TITLE

VT

NAME

MORRIS, ANDREW G. SR.

STREET ADDRESS

5306 EVENING STAR WAY

CITY - ST - ZIP

LAKE WORTH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NO

11 TITLE

☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**9469 Spanish Moss Rd. W.
Lake Worth, FL 33467**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

**9469 Spanish Moss Rd. W.
Lake Worth, FL 33467**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Administrative

Date

Signature/Printed Name