

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

**2324 S. CONGRESS AVE.
SUITE 2A
WEST PALM BEACH FL 33406
US**

Mailing Address

**2324 S. CONGRESS AVE.
SUITE 2A
WEST PALM BEACH FL 33406
US**

3. Date incorporated or Qualified

04/29/1992

3a. Date of Last Report

07/31/1995

4. FEI Number

65-0294490

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Elayne RF Morris

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

9469 Spanish Moss Rd. W.

83

84 City

Lake Worth

FL

85 Zip Code

33467

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 form if applicable

(NOTE: Registered Agent signature required when re-registering)

4-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE

PS

☐ DELETE

NAME

MORRIS, ELAYNE R.F.

STREET ADDRESS

9469 SPANISH MOSS RD. W.

CITY - ST - ZIP

LAKE WORTH FL 33467

TITLE

VT

☐ DELETE

NAME

MORRIS, ANDREW G. SR.

STREET ADDRESS

9469 SPANISH MOSS RD. W.

CITY - ST - ZIP

LAKE WORTH FL 33467

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 407-967-5889

CR2E034 (12/95)