# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 22, 2006**
**Secretary of State**

DOCUMENT# N05000004289

**Entity Name:** FRIENDS OF SILVER RIVER STATE PARK, INC.

**Current Principal Place of Business:**

1425 NE 58TH AVE
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1425 NE 58TH AVE
OCALA, FL 34470

**New Mailing Address:**

**FEI Number: 56-2511929** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, DEBORAH G
1425 NE 58TH AVE
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

EVANS, TARYN
1425 NE 58TH AVE
OCALA, FL 34470 US

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.

SIGNATURE: TARYN EVANS 06/22/2006
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: SCTY ( ) Delete
Name: SPIEWAK, CLAUDIA
Address: 231 SE 52ND CT
City-St-Zip: OCALA, FL 34471

Title: PRES ( ) Delete
Name: EVANS, TARYN
Address: 15620 SE 150TH AVE
City-St-Zip: WEIRSDALE, FL 32195

Title: 5TH ( ) Delete
Name: POST, DIANNE
Address: 44 HICKORY LOOP WAY
City-St-Zip: OCALA, FL 34472

Title: VP ( ) Delete
Name: HOFF, KARL
Address: 11218 NE 81ST ST
City-St-Zip: GAINESVILLE, FL 32609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change ( ) Addition
Name: CUNNINGHAM, B
Address: 1425 NE 58TH AVE
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARYN EVANS PRES 06/22/2006
Electronic Signature of Signing Officer or Director Date