
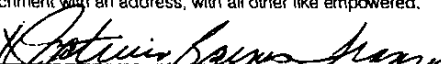


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90061 007 ****61.25

DOCUMENT # N06000004638 1. Entity Name FRIENDS OF ST. JOSEPH STATE PARKS, INC.					
Principal Place of Business 9574 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456			Mailing Address 9574 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1285			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Port St. Joe FL			
Zip	Country	Zip 32456	Country Gulf	4. FEI Number 51-0586123	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAHAN, CHRISTINA S 980 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVER, JOHN E DR 118 PARKVIEW COURT PORT ST. JOE, FL 32456	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAREY, SANDRA B 140 CATAMARAN DRIVE PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Carey, Sandra B. 140 Catamaran Dr. Port St Joe FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, PATRICIA R 4978 CAPE SAN BLAS RD PORT ST JOE, FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harris, Patricia R. 4150 Diplomacy Circle Tallahassee FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN VLEET, DEBRA K 775 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, FRED F 4978 CAPE SAN BLAS RD PORT ST JOE, FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harris, Fred F. 4150 Diplomacy Circle Tallahassee FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Franzen, Patricia B. 1403 Betty Dr. Port St Joe FL 32456 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 617, 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:  PATRICIA FRANZEN 850-227-7765-					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40066106



04022008 Chg-NP CR2E037 (12/06)

4/8/08

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000004638

1. Entity Name
FRIENDS OF ST. JOSEPH STATE PARKS, INC.



ATTACHMENT
Page 2 of 2

Principal Place of Business
9574 CAPE SAN BLAS ROAD
PORT ST. JOE, FL 32456

Mailing Address
9574 CAPE SAN BLAS ROAD
PORT ST. JOE, FL 32456

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO Box 285

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022008

Chg-NP

CR2E037 (12/06)

City & State

City & State

Port St Joe FL

4. FEI Number
51-0586123

Applied For

Not Applicable

Zip

Country

Zip

Country

32457

Gulf

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAHAN, CHRISTINA S
980 CAPE SAN BLAS ROAD
PORT ST. JOE, FL 32456

Name

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

City

FL

Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	OLIVER, JOHN E DR	
STREET ADDRESS	118 PARKVIEW COURT	
CITY-ST-ZIP	PORT ST. JOE, FL 32456	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAREY, SANDRA B	
STREET ADDRESS	140 CATAMARAN DRIVE	
CITY-ST-ZIP	PORT ST. JOE, FL 32456	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRIS, PATRICIA R	
STREET ADDRESS	4976 CAPE SAN BLAS RD	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VAN VLEET, DEBRA K	
STREET ADDRESS	775 CAPE SAN BLAS ROAD	
CITY-ST-ZIP	PORT ST. JOE, FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, FRED F	
STREET ADDRESS	4976 CAPE SAN BLAS RD	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schmitt, Jack	
STREET ADDRESS	8181 W. Hwy 98	
CITY-ST-ZIP	Port St Joe FL 32456	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wheaton, Steve	
STREET ADDRESS	215 Ninth St.	
CITY-ST-ZIP	Port St Joe FL 32456	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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

Patricia Barnett Patricia Barnett

Date

Daytime Phone #

4/8/08

850-227-7765