## **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.									
9574 CAPE	ce of Business SAN BLAS ROAD E, FL 32456	Mailing Address 9574 CAPE SAN BLAS R PORT ST. IOE, FL 32456			40066		ai <b>fi</b> hi ken ku		HIZI AL IZZI
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address P.O. Box	1285						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04022008	Chg-NP	CR2E03	7 (12/06)	
City & Stat	е	Port St.	Toe 1	FL	4. FEI Number 51-0586	123		<del></del>	pplied For X Applicable
Zip	Country	324570	Sulf		5. Certificate of	Status Desired		\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered A	gent	
****			Name						
TRAHAN, CHRISTINA S 980 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456			Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City		···· -·····	<u></u>	FL	Zip Cod	е
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or	register	ed agent, or both,	, in the State of Flo	orida. I am fa	emiliar with,	and accept
SIGNATURE  Signature, typed or printed name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
SIGNATURE	Signature, typed or printed name of registered agent	and title 4 applicable. (NOTE: I	Registered Agent signals	ure required	when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2008	and tate 4 applicable. (NOTE: 1  9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		DATE fake check rida Departi		
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12. I hereby certify that the information supplied with this filling 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:

850-227.7765

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

	ANNUAL	REPORT							
DOCUM  1. Entity Name	ENT # N06000004	638			ATTACHI	MENT	_		
	RIENDS OF ST. JOSEPH STATE PARKS, INC.				ATTACHI	of a	<b>ス</b>		
Principal Place of	f Business	Mailing Address							
9574 CAPE SAN PORT ST. JOE, F		9574 CAPE SAN BLAS RO PORT ST. JOE, FL 32456							
					" //197/a	6101	7		
2. Principal Place Suite, Apt. #, e	e of Business - No P.O. Box #	3. Mailing Address POBOX Suite, Apt. #, etc.	285		1	e186	*	Stev	
		odita, Apt. W. dio.			4022008 Chg-NP	CR2E0	37 (12/ <b>0</b> 6)		
City & State		Port St Je		4.	FEI Number 51-0586123	· · · <del>- ·</del> · · · · · · · · · · · · · · · · · ·	<del>                                      </del>	plied For X Applicable	
Zip	Country	32457	Country	. 5.	Certificate of Status Desir	ed 🔲	\$8.75 Add		
	6. Name and Address of Current R	legistered Agent	Name of the second	7.	Name and Address of N	ew Registered	Agent		
TRAHAN, CH	HRISTINA S AN BLAS ROAD		Name Street Add	dress (P.O.	Box Number is Not Accep	otable)			
PORT ST. JO	DE, FL 32456								
			City			FL	Zip Cod	ə	
8. The above nar the obligations	med entity submits this statement for s of registered agent,	the purpose of changing its rec	gistered office or re	egistered a	gent, or both, in the State	of Florida. I am	familiar with,	and accept	
CICNATURE									
SIGNATURE	nature, typed or printed name of registered agent an	nd title if applicable. (NOTE: Re	egistered Agent signature	required when	reinstating)	DATE			
FI	ling Fee is \$61.25	9. Election Campa	aign Financing	\$5.	00 May Be	Make chec	k payable to	0	
	ue by May 1, 2008	Trust Fund Con	tribution.			Florida Depai	rtment of St	ate	
TITLE PE	OFFICERS AND DIRE	ECTORS Delete	11.	ADDI.	TIONS/CHANGES TO OF	FICERS AND DI	RECTORS IN	10 Addition	
NAME OI	LIVER, JOHN E DR	Li Delste	NAME .	SChr	nitt, Jack		☐ Orientie	P ADDITION	
1 _	18 PARKVIEW COURT ORT ST. JOE, FL 32456		STREET ADDRESS	8181	W. HWY 9 St JOE	8	7456		
TITLE VI	<del></del>	☐ Delete		D	ST JUE	FL 37	Change	Addition	
	AREY, SANDRA B		NAME (	whea	ilton, Ste		_ ,		
í	40 CATAMARAN DRIVE ORT ST. JOE, FL 32456		STREET ADDRESS CITY-ST-ZIP	215	Ninth St St Joe	, FL 3.	2456		
tirle SI		☐ Delete	TITLE				☐ Change	Addition	
	ARRIS, PATRICIA R 976 CAPE SAN BLAS RD		NAME STREET ADDRESS					1	
CITY-ST-ZIP P(	ORT ST JOE, FL 32456		CITY-ST-ZIP						
TITLE TE	D AN VLEET, DEBRA K	Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS 77	75 CAPE SAN BLAS ROAD ORT ST. JOE, FL 32456		STREET ADDRESS CITY-ST-ZIP						
TITLE D		☐ Delete	TITLE			<del> </del>	☐ Change	Addition	
	ARRIS, FRED F 976 CAPE SAN BLAS RD		NAME STREET ADDRESS					į	
1	ORT ST JOE, FL 32458		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	-			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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  SIGNATURE  SIGNATURE  Date  Date									
SIGNATUI	RE JULIUS A	INTED NAME OF SIGNINGS OFFICER OR S	DATING A DIRECTOR	BAX	HI 61 08 NET FRANCO	285	ファンシブー Daytime Phone #	7765-	