


FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29957** (0)
 1. Corporation Name
FRIENDS OF O'LENO, INC.

FILED

96 MAR -6 PM 2:44

SECRETARY OF STATE



Principal Place of Business P O BOX 2879 20204 NW 184 TERR HIGH SPRINGS FL 32643 US	Mailing Address P O BOX 2879 20204 NW 184 TERR HIGH SPRINGS FL 32643 US
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3. Date Incorporated or Qualified 12/29/1988	3a. Date of Last Report 03/03/1995
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 O'leno State Park Suite, Apt. #, etc. 22 Rt 2 Box 1010 City & State 23 High Springs Fla Zip 24 32643	2a. Mailing Address 25 Colombus City & State 26 High Springs Fla Zip 27 32643
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9. Name and Address of Current Registered Agent LINDERMAN, DOYLE A P O BOX 2879 2020 NW 184 TERR HIGH SPRINGS FL 32643	10. Name and Address of New Registered Agent 81 Name Dale Kendrick 82 Street Address (P.O. Box Number is Not Acceptable) Rt. 2 Box 1010 83 84 City High Springs FL 85 Zip Code 32643
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11. Pursuant to the provisions of Sections 617.002 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Dale Kendrick* DATE **2/21/96**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONDRA SMITH	1.2 NAME	CAROL Hunt
STREET ADDRESS	49 ALACHUA HIGHLANDS	1.3 STREET ADDRESS	RT 1 Box 165-H
CITY-ST-ZIP	ALACHUA FL 32615	1.4 CITY-ST-ZIP	71 White, FL 32038
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDERMAN, MARILYN	2.2 NAME	CALIA Tibbitts
STREET ADDRESS	20204 NW 184 TERR.	2.3 STREET ADDRESS	RT 3 Box 463
CITY-ST-ZIP	HIGH SPRINGS FL 32643	2.4 CITY-ST-ZIP	71 White, FL 32038
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDERMAN, DOYLE	3.2 NAME	Doyle A Linderman
STREET ADDRESS	20204 NW 184 TERR.	3.3 STREET ADDRESS	20204 NW 184 Terr
CITY-ST-ZIP	HIGH SPRINGS FL 32643	3.4 CITY-ST-ZIP	High Springs FL 32643
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAMLAGE, EDWARD	4.2 NAME	PAUL milner
STREET ADDRESS	RT. 2, BOX 2040	4.3 STREET ADDRESS	PO Box 2165
CITY-ST-ZIP	HIGH SPRINGS FL	4.4 CITY-ST-ZIP	High Springs FL 32643
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PARLIAMENTARY Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITLEY, WILLIAM	5.2 NAME	Kathryn Powell
STREET ADDRESS	RT 2 BOX 945	5.3 STREET ADDRESS	18303 SW 75 Ave
CITY-ST-ZIP	HIGH SPRINGS FL	5.4 CITY-ST-ZIP	Archer FL 32618
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, ANN	6.2 NAME	
STREET ADDRESS	RT 2 BOX 798	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doyle A Linderman* 1-19-96 V President
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)

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3/10/96



202

Department of Environmental Protection

Lawton Chiles
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Virginia B. Wetherell
Secretary

March 4, 1996

Mr. David Mann, Director
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Dear Mr. Mann:

This letter is to certify to you that the Friends of O'Leno, Inc. is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella
Fran P. Mainella, CLP
Director
Division of Recreation and Parks

FPM/pwc

file Waived
6/7.0122
1996

RECEIVED
96 MAR -6 AM 11:16
DIRECTOR
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA