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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29957 (0)
1. Corporation Name
FRIENDS OF O'LENO, INC.



Principal Place of Business: OLENO STATE PARK RT 2 BOX 1010 HIGH SPRINGS FL 32643 US
Mailing Address: P.O. BOX 2879 20204 N.W. 184 TERRACE HIGH SPRINGS FL 32655-2879

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 12/29/1988
3a. Date of Last Report: 03/06/1996
4. FEI Number: 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

9. Name and Address of Current Registered Agent: KENDRICK, DALE RT. 2 BOX 1010 HIGH SPRINGS FL 32643

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 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 (with handwritten signature)
DATE: 2/21/97

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUNT, CAROL	
STREET ADDRESS	RT. 1 BOX 185-H	
CITY-ST-ZIP	FT. WHITE FL 32038	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TIBBITTS, CARLA	
STREET ADDRESS	RT 3 BOX 483	
CITY-ST-ZIP	FT. WHITE FL 32038	
TITLE	TDV	<input type="checkbox"/> DELETE
NAME	LINDERMAN, DOYLE	
STREET ADDRESS	20204 NW 184 TERR.	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MILNER, PAUL	
STREET ADDRESS	P.O. BOX 2165	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POWEN, KATHRYN	
STREET ADDRESS	18303 S.W. 75 AVE.	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LANE, ANN	
STREET ADDRESS	RT 2 BOX 798	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rothfeldt, James P.
2.3 STREET ADDRESS	7730 NE 40th St.
2.4 CITY-ST-ZIP	High Springs, FL 32643
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Linderman, Doyle
3.3 STREET ADDRESS	20204 NW 184 Terr
3.4 CITY-ST-ZIP	High Springs, FL 32643
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Walsh, Harriet A.
4.3 STREET ADDRESS	7730 NE 10th St.
4.4 CITY-ST-ZIP	High Springs, FL 32643
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hawkins, Jackie
5.3 STREET ADDRESS	Rt 1 Box 3505
5.4 CITY-ST-ZIP	Ft White, FL 32038
6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Piper, Donald
6.3 STREET ADDRESS	2187 Denton Rd.
6.4 CITY-ST-ZIP	Vulke, FL 32084

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James P. Rothfeldt (with handwritten signature)
DATE: 02-20-97
DAYTIME PHONE: (904) 454-4806

CR2E037 (9/96)