


FILE NOW: FILING FEE IS \$61.25

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97 FEB 21 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34579** (5)

1. Corporation Name

**FRIENDS OF SAN FELASCO, INC.**

Principal Place of Business	Mailing Address
12720 NW 109TH LANE ALACHUA FL 32615 US	12720 NW 109TH LANE ALACHUA FL 32615-6741 US

3. Date Incorporated or Qualified <b>10/06/1989</b>	3a. Date of Last Report <b>04/18/1996</b>
4. FEI Number <b>59-3013724</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BROWN, RANDY**  
12720 NW. 109TH LANE  
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGERT, CHRIS		1.2 NAME	
STREET ADDRESS	112 NW 29TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSLEY, WILLIAM		2.2 NAME	
STREET ADDRESS	5903 NW 84TH TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDERMAN, DOYLE		3.2 NAME	
STREET ADDRESS	P O BOX 1058 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSCHLITZ, EARLE E. J		4.2 NAME	
STREET ADDRESS	4850 NW 20TH PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RANDY		5.2 NAME	
STREET ADDRESS	12720 NW 109TH LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL		5.4 CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOIG, VIC		6.2 NAME	
STREET ADDRESS	4732 NW MILLHOPPER ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97 904-462-5366

Date

Daytime Phone #0011408

CR2E037 (9/96)



# Department of Environmental Protection

pg 201 2  
N34579

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

February 19, 1997

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

Dear Mr. Mann;

This letter is to certify to you that the *Friends of San Felasco, 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, CLP  
Director  
Division of Recreation and Parks

FPM/paw  
Attachments

a:cert.ltr