

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N34579

1. Entity Name  
FRIENDS OF SAN FELASCO, INC.



FILED  
04 MAR 23 PM 6:02

TALLAHASSEE, FLORIDA

Principal Place of Business  
12720 NW 109TH LANE  
ALACHUA, FL 32615 US

Mailing Address  
12720 NW 109TH LANE  
ALACHUA, FL 32615 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-3013724

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

BRENES, KAREN  
12720 NW. 109TH LANE  
ALACHUA, FL 32615

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

SEE ATTACHED

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, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
STREET ADDRESS MCALLISTER, BRIAN  
CITY-ST-ZIP 5207 NW 59 LANE  
GAINESVILLE, FL 32653 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME TD  
STREET ADDRESS BRENES, KAREN  
CITY-ST-ZIP 11505 NW 112 AVE  
ALACHUA, FL 32615 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME SD  
STREET ADDRESS BROWN, BONNIE  
CITY-ST-ZIP 12710 NW 109TH LANE  
ALACHUA, FL 32615 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME D  
STREET ADDRESS BROWN, RANDY  
CITY-ST-ZIP 12720 NW 109TH LANE  
ALACHUA, FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME DV  
STREET ADDRESS EBLING, DEBBIE  
CITY-ST-ZIP 17820 NW 149 PLACE  
ALACHUA, FL 32615 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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:

SEE ATTACHED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

www.sunbiz.org

## Division of Corporations

## Annual Report

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Business Entity Name

FRIENDS OF SAN FELASCO, INC.

FEI Number 593013724

FEI Number Status	Applied For	Not Applicable	Current
Certificate of Status Desired	Yes	No	\$8.75 each

## Principal Place of Business

Address 12720 NW 109TH LANE  
Suite, Apt. #, etc.  
City, State ALACHUA, FL  
Zip Code & Country 32615 US

## Mailing Address

Address 12720 NW 109TH LANE  
Suite, Apt. #, etc.  
City, State ALACHUA, FL  
Zip Code & Country 32615 US

## Name And Address of Registered Agent

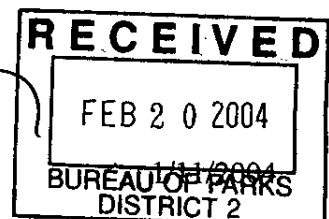
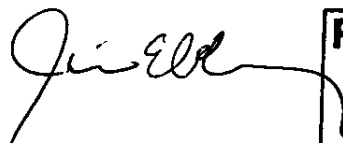
Name (Last, First, Middle, Title) EBLING, JIM

-or- RA Business Name

Address 17820 NW 149TH PALCE  
Suite, Apt. #, etc.  
City, State ALACHUA, FL  
Zip Code & Country 32615 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature JIM EBLING



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## Division of Corporations

## Annual Report

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Business Entity Name

FRIENDS OF SAN FELASCO, INC.

Election Campaign Financing Trust Fund Contribution      Yes      No

## Officer/Director Name And Address

Title	PD	
Name (Last, First, Middle, Title)	MCALLISTER	BRIAN
-or- Entity Name		
Street Address	5207 NW 59 LANE	
City, State	GAINESVILLE	, FL
Zip Code & Country	32653	
Title	TD	
Name (Last, First, Middle, Title)	EBLING	JIM
-or- Entity Name		
Street Address	17820 NW 149TH PLACE	
City, State	ALACHUA	, FL
Zip Code & Country	32615	
Title	SD	
Name (Last, First, Middle, Title)	HELLER	MARK
-or- Entity Name		
Street Address	5905 NW 124TH STREET	
City, State	GAINESVILLE	, FL
Zip Code & Country	32653	
Title	D	
Name (Last, First, Middle, Title)	BROWN	RANDY
-or- Entity Name		
Street Address	12720 NW 109TH LANE	

City, State ALACHUA , FL  
Zip Code & Country

Title DV  
Name (Last, First, Middle, Title) EBLING DEBBIE

**-or-** Entity Name

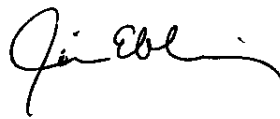
Street Address 17820 NW 149 PLACE  
City, State ALACHUA , FL  
Zip Code & Country 32615

Title  
Name (Last, First, Middle, Title) , ,  
**-or-** Entity Name  
Street Address  
City, State ,  
Zip Code & Country

**List more than six Officers/Directors    No additional Officers/Directors to list**

An individual named above must type their name in the  
'Officer/Director Signature' block below. A corporate name is not  
allowed in this block.

Title TD  
Officer/Director Signature JIM EBLING



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Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

March 26, 2004

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Toner:

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. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock  
Director  
Florida Park Service

MB/pwf

Attachments