

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90029 033 ****61.25

DOCUMENT # N96000001803

1. Corporation Name

FRIENDS OF THE AQUIFER, INC.

Principal Place of Business

816 CHERRY STREET
TALLAHASSEE FL 32302

Mailing Address

POST OFFICE BOX 10127
TALLAHASSEE FL 32302



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/03/1996

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3441668

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REID, SARAH T
816 CHERRY STREET
TALLAHASSEE FL 32302

81 Name

JOHN FOLSON

82 Street Address (P.O. Box Number is Not Acceptable)

122 SO. DALHOUN ST.

83

84 City

TALLAHASSEE FL

85 Zip Code

32301

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

John K. Folsom

John K. Folsom

DATE

4-29-99

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 ☐ DELETE

NAME
RACKLEFF, ROBERT B
STREET ADDRESS
816 CHERRY ST
CITY-ST-ZIP
TALLAHASSEE FL 32303

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
CAMERON, DON
STREET ADDRESS
34951 WASHINGTON LOOP RD
CITY-ST-ZIP
PUNTA GORDA FL 33982

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
REID, SARAH T
STREET ADDRESS
424 E CALL ST
CITY-ST-ZIP
TALLAHASSEE FL 32301

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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 with all other like empowered.

SIGNATURE:

ROBERT B. RACKLEFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

850-222-5789

Daytime Phone #

CR2E037 (11/98)