

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90020 014 ****61.25

DOCUMENT # N99000002969
 1. Entity Name
FRIENDS OF ANNE KOLB NATURE CENTER, INC.



Principal Place of Business
 751 SHERIDAN STREET
 HOLLYWOOD, FL 33019

Mailing Address
 751 SHERIDAN STREET
 HOLLYWOOD, FL 33019

34016837



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CASE, SARA
 751 SHERIDAN STREET
 HOLLYWOOD, FL 33019

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	EMERY, RUSSELL	
STREET ADDRESS	6811 FORREST STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOWES, JORDAN	
STREET ADDRESS	12280 NW 12 COURT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUTURE, CONNIE	
STREET ADDRESS	614 TRAFALGAR COURT	
CITY-ST-ZIP	DANIA, FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPECHLER, ELSIE	
STREET ADDRESS	1311 FILLMORE STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KOI, SANDRA	
STREET ADDRESS	2612 JOHNSON ST #12	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BLAKE, SUZANNE	
STREET ADDRESS	1245 VANBUREN STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kay Taylor	
STREET ADDRESS	3110 SW 196 LANE	
CITY-ST-ZIP	SOUTH WEST RANCHES, FL 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Russell R. Emery* **2-5-04** **954 831-5814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #