

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90448 020 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CASE, SARA 751 SHERIDAN STREET HOLLYWOOD FL 33019				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 except the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EMERY, RUSSELL			NAME			
STREET ADDRESS	6811 FORREST STREET			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWES, JORDAN			NAME			
STREET ADDRESS	12280 NW 12 COURT			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33026			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COUTURE, CONNIE			NAME			
STREET ADDRESS	614 TRAFALGAR COURT			STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPECHLER, ELSIE			NAME			
STREET ADDRESS	1311 FILLMORE STREET			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33019			CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUSSO, PAULA			NAME	SANDRA KOI		
STREET ADDRESS	200 ASHBURY RD #107			STREET ADDRESS	2612 Johnson St #12		
CITY-ST-ZIP	HOLLYWOOD FL 33024			CITY-ST-ZIP	Hollywood FL 33020		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKE, SUZANNE			NAME			
STREET ADDRESS	1245 VANBUREN STREET			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020			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: **SIGNATURE REQUIRED** 15 April 03 954 922 7481

CR2E037 (10/02)