

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 02 1998 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 727944 (1)
1. Corporation Name
FRIENDS OF MCINTOSH, INCORPORATED



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| Principal Place of Business MCINTOSH DEPOT MCINTOSH FL 32664 | Mailing Address MCINTOSH DEPOT MCINTOSH FL 32664 |
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|---|---|--|
| 3. Date Incorporated or Qualified 11/05/1973 | | |
| 4. FEI Number 23-7376102 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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

9. Name and Address of Current Registered Agent
**WILLIS, MARGARET J
21701 5TH ST., PO BOX H
MCINTOSH FL 32664**

10. Name and Address of New Registered Agent
81 Name **EUNICE M. SMITH**
82 Street Address (P.O. Box Number is Not Acceptable)
5900 AVE G, P.O. Box 103
83
84 City **MCINTOSH** FL 85 Zip Code **32664**

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 **EUNICE M. SMITH** *Eunice M. Smith 2/22/98*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LITTLE, SHARON A | 1.2 NAME | |
| STREET ADDRESS | BOX 351 21950 HWY 441 N | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MCINTOSH FL | 1.4 CITY-ST-ZIP | |
| TITLE | CSD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAROW, MARCIE | 2.2 NAME | |
| STREET ADDRESS | 5208 AVE G | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MCINTOSH FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIS, MARGARET J | 3.2 NAME | EUNICE M. SMITH |
| STREET ADDRESS | 20701 5TH STREET | 3.3 STREET ADDRESS | 5900 AVE G |
| CITY-ST-ZIP | MCINTOSH FL 32664 | 3.4 CITY-ST-ZIP | MCINTOSH, FL. 32664 |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RATH, CHRIS | 4.2 NAME | |
| STREET ADDRESS | 6200 AVENUE A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MCINTOSH FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHARP, JANE E | 5.2 NAME | |
| STREET ADDRESS | 6401 AVE G | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MCINTOSH FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOPWOOD, ALFRED | 6.2 NAME | |
| STREET ADDRESS | 5502 BRANNAN LANE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MCINTOSH FL | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: **EUNICE M. SMITH** *Eunice M. Smith - 352-591-1536*

CF2E037 (10/97)