## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 23, 2005 8:00 am Secretary of State 03-23-2005 90033 001 \*\*\*\*61.25

## **DOCUMENT #727944**



1. Entity Name FRIENDS OF MCINTOSH, INCORPORATED				
Principal Place of Business MACINTOSH MCINTOSH, FL 32664		Mailing Address P O BOX 436 MCINTOSH, FL 32664 US		4 VV 3 V / VV
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172005 Chg-NP CR2E037 (10/03)
City & State		City & State		4. FEI Number Applied For 23-7376102 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required 5.
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
SMITH, EUNICE M.			Name	
5900 AVE G P.O. BOX 103			Street Add	dress (P.O. Box Number is Not Acceptable)
MCINTOSH, FL 32664		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renststing)  DATE				
Filling Fee is \$61.25  9. Election Campaign Financing \$5.00 May Be Due by May 1, 2005  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees Fiorida Department of State				
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	D	Delete	TITLE	TD Change MAddition
NAME STREET ADDRESS	LITTLE, SHARON A BOX 674		NAME STREET ADDRESS	JULIE MUSSELMAN
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP	PO BOX 7/3 MCINTUSH, FL 32664
TITLE	CSD	☐ Defete	TITLE	☐ Change ☐ Addition
NAME	DODDER, BEVERLY		NAME	
STREET ADDRESS	P.O. BOX 481		STREET ADDRESS	
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP	b Mr. Substitution
MAME	SMITH, EUNICE M.	Delete	TITLE -NAME	D (X Change ` □ Addition
STREET ADDRESS	5900 AVE G		STREET ADDRESS	
CTTY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RATH, CHRIS		NAME	
STREET ADDRESS	6200 AVENUE H		STREET ADDRESS	
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP	
TITLE NAME	RSD REVELS, DIANE	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS	PO BOX 315		STREET ADDRESS	
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP	
TITLE	PD	☐ Defete	TITLE	☐ Ctrange ☐ Addition
NAME	FYLNN, T.J.		NAME	<del>-</del> - <del>-</del>
STREET ADDRESS	PO BOX J		STREET ADDRESS	
CITY-ST-ZIP	MCINTOSH, FL	At at the Pitter of the Pitter	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filling 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 ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter of the corporation of				