

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90101 049 \*\*\*\*61.25

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<b>DOCUMENT # 727944</b>					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 23-7376102	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, EUNICE M. 5900 AVE G P.O. BOX 103 MCINTOSH, FL 32664			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSSELMAN, JULIE		NAME		
STREET ADDRESS	PO BOX 713		STREET ADDRESS		
CITY-ST-ZIP	MC INTOSH, FL 32664		CITY-ST-ZIP		
TITLE	<del>DBD</del>	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODDER, BEVERLY		NAME		
STREET ADDRESS	P.O. BOX 481		STREET ADDRESS		
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, EUNICE M.		NAME		
STREET ADDRESS	5900 AVE G		STREET ADDRESS		
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATH, CHRIS		NAME		
STREET ADDRESS	6200 AVENUE H		STREET ADDRESS		
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP		
TITLE	RSD	<input checked="" type="checkbox"/> Delete	TITLE	RSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REVELS, DIANE		NAME	ALICE AULT	
STREET ADDRESS	PO BOX 315		STREET ADDRESS	PO BOX 773	
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP	MCINTOSH, FL 32664	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FYLN, T.J.		NAME	CHARLSIE STOTT	
STREET ADDRESS	PO BOX J		STREET ADDRESS	PO BOX 551	
CITY-ST-ZIP	MCINTOSH, FL		CITY-ST-ZIP	MCINTOSH FL 32664	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Julie Musselman</i>			Date: <i>April 10, 2006</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		