


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90093 006 ****61.25

60025121



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					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	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>							
Filing Fee is \$61.25 Due by May 1, 2007		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							
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	VPD	<input type="checkbox"/> Delete		TITLE	<input 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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AULT, ALICE			NAME			
STREET ADDRESS	P O BOX 773			STREET ADDRESS			
CITY-ST-ZIP	MC INTOSH, FL 32664			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOTT, CHARLSIE			NAME			
STREET ADDRESS	P O BOX 551			STREET ADDRESS			
CITY-ST-ZIP	MC INTOSH, FL 32664			CITY-ST-ZIP			
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: x <i>Julie Musselman</i>				x <i>Mar. 14, 2007</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			

1-360-591-4441