

1985

DIVISION OF CORPORATIONS

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DOCUMENT # 732879

(6)

1. Corporation Name

FRIENDS OF THE ST. JOHNS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P O BOX 956
SANFORD FL 32771P O BOX 956
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/06/1975

05/31/1984

4. FBI Number

Applied For

50-2188150

Not Applicable

5. Certificate of Status Desired

\$0.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status\$68.75 Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACLAUGHLIN, WILLIAM
306 SATSUMA DR.
SANFORD FL 32771

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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
NAME MACLAUGHLIN, WILLIAM
STREET ADDRESS 306 SATSUMA DR.
CITY-ST-ZIP SANFORD FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE TD
NAME HABERLY, PETER S
STREET ADDRESS 2052 NANCY DR
CITY-ST-ZIP OVIEDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TD
Lee, Ruth S.
319 Elm Ave
Sanford, FL 32771

TITLE SD
NAME LEE, RUTH S
STREET ADDRESS 319 ELM AVE
CITY-ST-ZIP SANFORD FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME FOWLER JR., RICHARD
STREET ADDRESS 3400 WHITNER WAY
CITY-ST-ZIP SANFORD FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95

Date

401-933-2423

Daytime Phone #