

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 732679 (6)

1. Corporation Name

FRIENDS OF THE ST. JOHNS, INC.



Principal Place of Business

Mailing Address

P O BOX 956  
SANFORD FL 32771

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SANFORD FL 32771

3. Date Incorporated or Qualified  
05/06/1975

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2188150

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACLAUGHLIN, WILLIAM	
STREET ADDRESS	306 SATSUMA DR.	
CITY-ST-ZIP	SANFORD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEE, RUTH	
STREET ADDRESS	319 ELM AVE.	
CITY-ST-ZIP	SANFORD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEE, RUTH S	
STREET ADDRESS	319 ELM AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOWLER JR., RICHARD	
STREET ADDRESS	3400 WHITNER WAY	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	macLaughlin, William	
1.3 STREET ADDRESS	1736 Sunset Drive	
1.4 CITY-ST-ZIP	Cleemont, FL 34711-3449	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ruth Lee	
2.3 STREET ADDRESS	1150 Island Lk. Dr.	
2.4 CITY-ST-ZIP	Lake Wales, FL 32748-1150	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lee, Ruth	
3.3 STREET ADDRESS	1150 Island Lk. Dr.	
3.4 CITY-ST-ZIP	Lake Wales, FL 32748-1150	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	600001843066	
5.4 CITY-ST-ZIP	-05/29/96--01110--038	
6.1 TITLE	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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: Ruth S. Lee - *Ruth S. Lee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-96

Date

407/333-2423

Daytime Phone

CR2E037 (12/95)