FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:15

DOCUMENT # 757888 (3)

1. Corporation Name
THE FRIENDS OF BOYD HILL NATURE PARK, INC.

Principal Place of Business	Mailing Address
1101 COUNTRY CLUB WAY S. ST PETERSBURG FL 33705	1101 COUNTRY CLUB WAY S. ST PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1981
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2424872 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHREWSBURY, JERRY
9731 62ND AVE., N.
ST PETERSBURG FL 33708

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	LUCEY, BILL	1.2 NAME	Lum Pennington
STREET ADDRESS	4740 18TH AVE., N.	1.3 STREET ADDRESS	1420 Alhambra Way So.
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	St Petersburg FL
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	DORN, KATHRYN	2.2 NAME	Jan Anschuetz
STREET ADDRESS	311 56TH AVE., S.	2.3 STREET ADDRESS	6225-13th Ave So
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	Gulfport FL
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	YANCEY, JANET	3.2 NAME	
STREET ADDRESS	3464 MANATEE DR SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	MACDERMOTT, JOSEPH	4.2 NAME	Ron McCracken
STREET ADDRESS	828 50TH AVE SO	4.3 STREET ADDRESS	7400-34th St So-#107
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St Petersburg FL
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SHREWSBURY, JERRY	5.2 NAME	
STREET ADDRESS	9731 62ND AVE N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	DOWNE, MARGARET	6.2 NAME	
STREET ADDRESS	7400 34TH ST. SO., SUITE 132	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	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)(i), 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: Janet Yancey (JANET YANCEY) 2/5/94 (813) 896-5812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

Jean

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