

# 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 # 763171 (6)**

1. Corporation Name

**FRIENDS OF ERNA NIXON PARK, INC.**

Principal Place of Business

**1200 EVANS RD.  
WEST MELBOURNE FL 32904**

Mailing Address

**P.O. BOX 1873  
MELBOURNE FL 32901**



3. Date Incorporated or Qualified  
**05/07/1982**

3a. Date of Last Report  
**05/16/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCMULLAN, ELIZABETH  
515 WEST PINE ROAD  
MELBOURNE VILLAGE FL 32904**

81 Name

**CAROL HERBERT**

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

**2400 WASHINGTON ST**

83 City

**WEST MELBOURNE**

FL

85 Zip Code

**32904**

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

*Carol Herbert, Vice President*

**4/30/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D HAMES, MARGARET**  
STREET ADDRESS **667 ACACIA AVENUE**  
CITY-ST-ZIP **MELBOURNE VILLAGE FL**

TITLE ☐ DELETE

NAME **PD PIERCE, LUCIA**  
STREET ADDRESS **261 PEAKE ST NE**  
CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ DELETE

NAME **D MCMULLAN, ELIZABETH**  
STREET ADDRESS **515 WEST PINE ROAD**  
CITY-ST-ZIP **MELBOURNE VILLAGE FL**

TITLE ☐ DELETE

NAME **TV HERBERT, CAROL**  
STREET ADDRESS **2400 WASHINGTON ST.**  
CITY-ST-ZIP **WEST MELBOURNE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

**T VICKIE WILLIAMS**

1.3 STREET ADDRESS

**152 E. HAVEN DR**

1.4 CITY-ST-ZIP

**WEST MELBOURNE FL 32904**

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

**D**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

**PD MARTHA STEWART**

3.3 STREET ADDRESS

**996 NEVADA DR NE**

3.4 CITY-ST-ZIP

**PALM BAY FL 32907**

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

**DV**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☒ Addition

5.2 NAME

**S ERIN LECLAIR**

5.3 STREET ADDRESS

**2431 OKLAHOMA ST**

5.4 CITY-ST-ZIP

**MELBOURNE FL 32904**

6.1 TITLE

☐ Change ☐ 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:

*Carol Herbert Vice President*

**4/30/96 407-727-0341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)