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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32902-18733. Date Incorporated or Qualified
05/07/19823a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2318697

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution55.00 May Be
Added to Fees8. 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

HERBERT, CAROL
2400 WASHINGTON ST
WEST MELBOURNE FL 32904

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T
NAME WILLIAMS, VICKIE
STREET ADDRESS 152 E HAVEN DR
CITY-ST-ZIP WEST MELBOURNE FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D
NAME PIERCE, LUCIA
STREET ADDRESS 261 PEAKE ST NE
CITY-ST-ZIP PALM BAY FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PD
NAME STUART, MARTHA
STREET ADDRESS 998 NEVADA DR NW
CITY-ST-ZIP PALM BAY FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DV
NAME HERBERT, CAROL
STREET ADDRESS 2400 WASHINGTON ST.
CITY-ST-ZIP WEST MELBOURNE FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE S
NAME LECLAIR, ERIN
STREET ADDRESS 2431 OKLAHOMA ST
CITY-ST-ZIP MELBOURNE FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: Vicki L. Williams, Treas. Jan. 15, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018544

CR2E037 (9/96)