FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763171

(6)

i. Corporatio	on Name	` '		
FRIENDS OF ERNA NIXON PARK, INC.				\$2577 FEGIS BILLE 17181 1221 12225 151 BILLS 1517 BILLS 1611 BILLS 1611 BILLS 1611 BILLS
Principal Plac	ce of Business	Mailing Address		-
1200 EVANS RD. P.O. BOX 1873				3. Date Incorporated or Qualified
WEST MELBOURNE FL 32904 MELBOURNE FL 32901				05/07/1982
				4. FEI Number Applied For
				59-2318697 Not Applicable
	Place of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		Fee Required
22	· "1 O.O.	27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
City & Stat	te	City & State		7. Is this nonprofit corporation a homeowners association?
23		28		☐ Yes 1 No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curre	nt Registered Agent	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Corre	at Registered Ayent	81 Name # /	10. Name and Address of New Registered Agent
HERRER	T, CAROL		H	EBERT, CAROL
2400 WASHINGTON ST				ress (P.O. Box Number is Not Acceptable)
WEST MELBOURNE FL 32904			83	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose of changing its registered
agent. I a	im familiar with and accept the oblig	ations of, Section 617.0503, Fig	orida Statutes.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	(avol 4	HEIDEIT		1/29198
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTI	E. Registered Agent signature require 13.	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T	DELETE	1.1 TITLE	Change Addition
NAME	WILLIAMS, VICKIE			ulliams, vicki
STREET ADDRESS	152 E HAVEN DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE FL	,	1.4 CITY-ST-ZIP	<i>/</i> *
TITLE	D	DELETE	2.1 TITLE	Change Addition
NAME	PIERCE, LUCIA		2.2 NAME AL	LAN SHEALL HOLLOW RO.
STREET ADDRESS	261 PEAKE ST NE		2.3 STREET ADDRESS 446	120 WHIPPLE HOLLOW NO.
CITY-ST-ZIF	PALM BAY FL	[""]	2.4 CITY-ST-ZIP	ELBOURNE, FL 32934
TITLE	PD	DELETE	S.I VIICE	LEI Vitaligo La vitation
NAME	STUART, MARTHA		3.2 NAME 51	TEUART, MARTHA 96 NEVADA DR NE
STREET ADDRESS	996 NEVADA DR N₩		3.3 STREET ADDRESS 93	96 NEVADA DR NE
CITY-ST-ZIP	PALM BAY FL		3.4, CITY-ST-ZIP	
TITLE	DV	CELETE	4.1 TITLE	Change Addition
NAME	HERBERT, CAROL			SBERTS CAROL
STREET ADDRESS	2400 WASHINGTON ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE FL		4.4 CITY - ST - ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	Change Addition
NAME	LECLAIR, ERIN		5.2 NAME	
STREET ADDRESS	2431 OKLAHOMA ST		5.3 STREET ADDRESS	
CITY - ST - ZIP				
	MELBOURNE FL	T DELETE	5.4 CITY-ST-ZIP	
TITLE	MELBOURNE FL	DELETE	6.1 TITLE	☐ Change ☐ Addition
TITLE NAME	MELBOURNE FL	☐ DELETE		☐ Change ☐ Addition
	MELBOURNE FL	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition

1. 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: (licke L. Williams FrickTED WILLIAMS JAN. 36, 1998 (407)724-6141