## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham, Secretary of State

DIVISION OF CORPORATIONS

1998

DOCUI 1. Corporation	MENT # 763694	(7)		
FRIENDS OF FLORIDA FOLK INCORPORATED				
Principal Place of Business Malling Address				T EBBOTE HADEN FLAND CINIO BITTE TOTAL DEATH BUILD AFFECT BUILD BU
1825 VEREDA VERDE 1625 VEREDA VERDE SARASOTA FL 34232-2164			3. Date Incorporated or Qualified  06/15/1982  4. FEI Number  Applied For	
2. Principal P	lace of Business	2a. Mailing Address	<del></del>	65-0055900 Not Applicable  5 Codificate of Status Posited
21		26		5. Certificate of Status Desired 58.75 Additional Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & State	0	City & State		Trust Fund Contribution Added to Fees
23	9	28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		90	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
<u> </u>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
, I				ROSY DEVANE
BULLOCK, SUE 2019 SADLER ROAD			82 Street A	ddress (P.O. Box Number is Not Acceptable) 503 E. BEACON RD
FT. MYERS FL 33917			83	
, ,, ,,,,,			84 City	LAKELAND IN THE CONTROL
			14.1	FL 85 Zip Code 33863
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, Socien 617.0503, Florida Statutes.				
agent. I am familiar with, and accept throubligations of, Section 617.0503, Florida Statutes.				
SIGNATURE ,	Signature, typed or printed name of registered agoing		Registered Agent eignature re	2-3-98
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Thomas Addition
NAME	PLITT, ROBIN		12 NAME	BEN CLEVELAND 2912. N. WHIS PERBAYCT.
STREET ADDRESS	131 TULIP TREE DR			
CITY-ST-ZIP	LANTANA FL			OVIEDO FL 32765
TITLE	SD	DELETE	2.1 TITLE	¥D ☐ Change ☐ Addition
NAME	SNYDER, KEITH		2.2 NAME	DAN CANTWELL 5230 ESTERO BLVD
STREET ADDRESS	951 BLACKWOOD STREET		2.3 STREET ADDRESS	PT MYERS BEACH FL 33931
CITY-ST-ZIP TITLE	ALTAMONTE SPRINGS FL TD	TPL DELETE	2. 4 City-St-ZiP 3.1 Title	
NAME	BULLOCK, SUE	<u></u>	3.2 NAME	SD Change LAddition
STREET ADDRESS	2019 SADLER ROAD		3.3 STREET ADDRESS	8.0. BOX 668 NA
CITY-ST-ZIP	FT. MYERS FL		3.4. CITY-ST-ZIP	CRYSTAL BEACH FL 34681
TITLE	CD	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HEWITT, JEAN		4. 2 NAME	
STREET ADDRESS	1625 VEREDA VERDE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	T pour	4.4 CITY-ST-ZIP	
TITLE	TD   Devane, rosy	☐ DELETE	5.1 TITLE	Change Addition
NAME CERTE ADDRESS	503 E BEACON RD		5.2 NAME	
STREET ADDRESS	LAKELAND FL		5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	DALCOND I L	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
	ı	<b>—</b>		

14. Thereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

DEVANE/TREAS. ROSE DEVANE

2.2.98 (941)683-8816

**FILED** 

Mar 03 1998 8:00am

Secretary of State