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Secretary of State

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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763694

1. Corporation Name
FRIENDS OF FLORIDA FOLK INCORPORATED

Principal Place of Business
1625 VEREDA VERDE
SARASOTA FL 34232-2164

Mailing Address
1625 VEREDA VERDE
SARASOTA FL 34232-2164



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/15/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0055900	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEVANE, ROSY 503 E BEACON RD LAKELAND FL 33803				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: Rosy Devane (NOTE: Registered Agent signature required when reinstalling) DATE: 2-1-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVELAND, BEN	1.2 NAME	Howard Pardue
STREET ADDRESS	2912 N WHISPER BAY CT	1.3 STREET ADDRESS	809 Maderia Circle
CITY-ST-ZIP	OVIDO FL 32765	1.4 CITY-ST-ZIP	Tallahassee, FL. 32312
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTWELL, DAN	2.2 NAME	Ben Cleveland
STREET ADDRESS	5230 ESTERO BLVD	2.3 STREET ADDRESS	553 Robin Lane
CITY-ST-ZIP	FT MYERS BEACH FL 33931	2.4 CITY-ST-ZIP	Oviedo, FL. 32765
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILNER, JAN	3.2 NAME	Linda Stewart
STREET ADDRESS	P.O. BOX 668 N/A	3.3 STREET ADDRESS	3524605 RN Ste 196
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	3.4 CITY-ST-ZIP	Palm Harbor, FL. 34684
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVANE, ROSY	4.2 NAME	Rosy Devane
STREET ADDRESS	503 E BEACON RD	4.3 STREET ADDRESS	503 E Beacon Rd.
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL. 33803
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: SIC Rosy Devane 2-1-99 (941)683-8816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)