

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764792

FILED  
Feb 28, 2005  
Secretary of State

**Entity Name:** FRIENDS OF THE WEKIVA RIVER, INCORPORATED

**Current Principal Place of Business:**

2343 SPRINGS LANDING  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2343 SPRINGS LANDING  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 59-2226720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHARTERS, ARLEN  
2343 SPRINGS LANDING  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

CHARTERS, ARLEN E TREAS  
2343 SPRINGS LANDING  
LONGWOOD, FL 32779 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ARLEN E. CHARTERS

02/28/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: DEEDE, SHARP  
Address: 1599 HIGHLAND RD  
City-St-Zip: WINTER PARK, FL 32789

Title: DV ( ) Delete  
Name: HARDEN, PAT  
Address: 174 WEKIVA PRK DR.  
City-St-Zip: SANFORD, FL 32771

Title: TD ( ) Delete  
Name: CHARTERS, ARLEN  
Address: 2343 SPRINGS LANDING BLVD  
City-St-Zip: LONGWOOD, FL 32779

Title: DP ( ) Delete  
Name: LEE, JIM  
Address: 516 GREELY STREET  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: PRINE, NANCY,  
Address: 655 TERRACE BLVD.  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLEN E. CHARTERS

TRES

02/28/2005

Electronic Signature of Signing Officer or Director

Date