2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006
Secretary of State

DOCUMENT# 764792

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 (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: KOONTZ, JACQUELINE
Address: 2343 SPRINGS LANDING BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: DV (X) Change ( ) Addition
Name: PRINE, NANCY
Address: 655 TERRACE BLVD
City-St-Zip: ORLANDO, FL 32803

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

Title: DP (X) Change ( ) Addition
Name: EXUM, JAY
Address: 2253 PEACHLEAF COURT
City-St-Zip: LONGWOOD, FL 32779

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 Chapter 119, 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 CHARTERS TD 03/16/2006

Electronic Signature of Signing Officer or Director — Date