

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764792

FILED
Apr 24, 2008
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 (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: KOONTZ, JACQUELINE
Address: 2343 SPRINGS LANDING BLVD
City-St-Zip: LONGWOOD, FL 32779

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: DP () Change (X) Addition
Name: THOMAS, PEGGY
Address: 2343 SPRINGS LANDING BLVD
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify 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

DT

04/24/2008

Electronic Signature of Signing Officer or Director

Date