

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 768887

1. Entity Name
FRIENDS OF NATURE PARKS, INC.



Principal Place of Business
**3540 EAST UNIVERSITY AVENUE
GAINESVILLE, FL 32641 US**

Mailing Address
**3540 EAST UNIVERSITY AVENUE
GAINESVILLE, FL 32641 US**



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2375592

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILSON WEBER, PENNY
3621 NW 30TH PL
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILSON-WEBER, PENNY
3621 NW 30TH PL
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TYLER, ALICE
P.O. BOX 308 N/A
WILLISTON, FL 32696**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PENNISI, LISA
4000 SW 37ST
GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RHODES, MARY
8121 NE 221 ST
MELROSE, FL 32666**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CONFER, LISSA
4237 NW 67TH TERR
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
COVERT, HANNAH
4301 NW 34TH DR
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hannah H. Covert* **Hannah H. Covert** *1/18/06* *352 271-6340*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #