

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768887

FILED  
Feb 10, 2007  
Secretary of State

Entity Name: FRIENDS OF NATURE PARKS, INC.

## Current Principal Place of Business:

3540 EAST UNIVERSITY AVENUE  
GAINESVILLE, FL 32641 US

## New Principal Place of Business:

## Current Mailing Address:

3540 EAST UNIVERSITY AVENUE  
GAINESVILLE, FL 32641 US

## New Mailing Address:

FEI Number: 59-2375592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

COVERT, HANNAH  
4301 NW 34TH DR  
GAINESVILLE, FL 32605 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: HANNAH H. COVERT

02/10/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILSON-WEBER, PENNY  
Address: 3621 NW 30TH PL  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: TYLER, ALICE  
Address: P.O. BOX 308 N/A  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: PENNISI, LISA  
Address: 4000 SW 37ST  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: RHODES, MARY  
Address: 8121 NE 221 ST  
City-St-Zip: MELROSE, FL 32666

Title: S (X) Delete  
Name: CONFER, LISSA  
Address: 4237 NW 67TH TERR  
City-St-Zip: GAINESVILLE, FL 32606

Title: T (X) Delete  
Name: COVERT, HANNAH  
Address: 4301 NW 34TH DR  
City-St-Zip: GAINESVILLE, FL 32605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: TYLER, ALICE  
Address: P.O. BOX 308  
City-St-Zip: WILLISTON, FL 32696

Title: T (X) Change ( ) Addition  
Name: COVERT, HANNAH  
Address: 4301 NW 34TH DR  
City-St-Zip: GAINESVILLE, FL 32605

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 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: HANNAH H. COVERT

T

02/10/2007

Electronic Signature of Signing Officer or Director

Date