2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# 770739

Entity Name: FRIENDS OF THE PARK, INC.

Current Principal Place of Business:

3530 ENTERPRISE WAY
GREEN COVES SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

PO BOX 1248
GREEN COVES SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-2360151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARNOLD, L. J., III
718 NORTH ORANGE AVENUE
GREEN COVE SPRINGS, FL 32043 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: V ( ) Delete
Name: FULLERTON, DONALD,
Address: 818 N PINE ST.
City-St-Zip: GREEN COVE SPRNGS, FL

Title: P ( ) Delete
Name: KEATING, NANCY,
Address: 3272 COUNTY RD. 209
City-St-Zip: GREEN COVE SPRNGS, FL

Title: LD ( ) Delete
Name: WILLIAMS, JERRY,
Address: 104 ST. JOHNS AVE.
City-St-Zip: GREEN COVE SPRNGS, FL

Title: D ( ) Delete
Name: ROBERTS, GERALD,
Address: 20 ELMORE STREET
City-St-Zip: GREEN COVE SPRNGS, FL

Title: D ( ) Delete
Name: CROCKETT, THERESA A.,
Address: 425 S. PALMETTO AVE
City-St-Zip: GREEN COVE SPRNGS, FL

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 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: NANCY C. KEATING PRES 05/02/2008
Electronic Signature of Signing Officer or Director — Date