

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90180 043 ****61.25

DOCUMENT # N00000000481					
1. Entity Name FRIENDS OF ANASTASIA STATE RECREATION AREA, INC.					
Principal Place of Business 1304A A1A SOUTH ST AUGUSTINE, FL 32084			Mailing Address 1304A A1A SOUTH ST AUGUSTINE, FL 32084		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3654107	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFS, MATT 906 SHORE DRIVE ST AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name <u>KAREN COCKCROFT</u> <u>Treasurer</u> Street Address (P.O. Box Number is Not Acceptable) <u>1721 SANTANDER ST</u> City <u>St. Augustine</u> <u>FL</u> Zip Code <u>32080</u>		
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 <u>Karen Cockcroft</u> Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)			DATE <u>4-21-05</u>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKS, ROBERT POST OFFICE BOX 1617 SAINT AUGUSTINE, FL 32085	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P George Getsinger 202 Hermosa St St Augustine FL 32080	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COCKCROFT, KAREN 1721 SANTANDER STREET ST AUGUSTINE, FL 32080	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBB COBB 8 Madeira St St. Augustine FL 32080	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNOR, JACK 412 OCEAN BREEZE LN ST AUGUSTINE, FL 32080	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec LEO SEAMAN 1323 SAN JUAN ST St. Augustine FL 32080	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFS, MATT 906 SHORE DR ST AUGUSTINE, FL 32086	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas KAREN COCKCROFT 1721 SANTANDER ST St. Augustine FL 32080	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZUROWSKI, LILLIAN 4268 LEGERE AVE ST AUGUSTINE, FL 32080	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Karen Cockcroft</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4-21-05</u>		Daytime Phone # <u>904 471 9356</u>