

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000481

FILED
Apr 23, 2007
Secretary of State

Entity Name: FRIENDS OF ANASTASIA STATE RECREATION AREA, INC.

Current Principal Place of Business:

1304A A1A SOUTH
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1304A A1A SOUTH
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3654107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCKCROFT, KAREN
1721 SAN JANDER STREET
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

COCKCROFT, KAREN
1721 SANTANDER STREET
SAINT AUGUSTINE, FL 32080 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: KAREN COCKCROFT

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GETSINGER, GEORGE
Address: 202 HERMASA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: V (X) Delete
Name: BURKS, ROBERT
Address: 24 ARENTA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S () Delete
Name: SEAMAN, LEO
Address: 1323 SAN JAUN STREET
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T () Delete
Name: COCKCROFT, KAREN
Address: 1721 SANTANDER STREET
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: T (X) Change () Addition
Name: COCKCROFT, KAREN
Address: 1721 SANTANDER STREET
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: KAREN COCKCROFT

TREA

04/23/2007

Electronic Signature of Signing Officer or Director

Date