

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

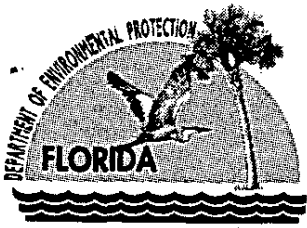
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|--------------------------|--|---|--|--|
| DOCUMENT # N00000001384 1. Entity Name FRIENDS OF THE CRYSTAL RIVER STATE ARCHAEOLOGICAL SITE, INC. | | | | | |
| Principal Place of Business 3400 N. MUSEUM POINTE CYRSTAL RIVER, FL 34428 | | | Mailing Address 3400 N. MUSEUM POINTE CYRSTAL RIVER, FL 34428 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3638371 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KOSTELNICK, JOHN MICHAEL 2021 NW 13TH ST CYRSTAL RIVER, FL 34428 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KOSTELNICK, JOHN MICHAEL | | NAME | | |
| STREET ADDRESS | 2021 NW 13TH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | CRYSTAL RIVER, FL 34428 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ELLIS, GARY | | NAME | | |
| STREET ADDRESS | 5990 N. TALLAHASSEE RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | CRYSTAL RIVER, FL 34428 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WHITE, OUIDA | | NAME | | |
| STREET ADDRESS | 2130 14TH ST NW | | STREET ADDRESS | | |
| CITY-ST-ZIP | CRYSTAL RIVER, FL 34428 | | CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LEVY, GILBERT A M.D. | | NAME | | |
| STREET ADDRESS | PO BOX 725 | | STREET ADDRESS | | |
| CITY-ST-ZIP | DUNNELLON, FL 34430 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PRICE, CHARLES E | | NAME | | |
| STREET ADDRESS | 343 N HOORGLASS TERR | | STREET ADDRESS | | |
| CITY-ST-ZIP | CRYSTAL RIVER, FL 34429 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SMITH, KATHY | | NAME | | |
| STREET ADDRESS | 3400 N MUSEUM POINTE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CRYSTAL RIVER, FL 34428 | | CITY-ST-ZIP | | |
| 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: <i>Charles E. Price</i> CHARLES E. PRICE 3/31/04 795-6118 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

TREASURER



Jeb Bush
Governor

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Colleen M. Castille
Secretary

June 8, 2004

Mr. Sean Toner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Mr. Toner:

The original filing for the Friends of Crystal River State Archeological Site, Inc., was filed on April 16, 2004. Attached is a copy of that file.

This letter is to certify to you that the previously stated not-for-profit organization, is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

Please process this filing accordingly and return the certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/pwf

Attachments