
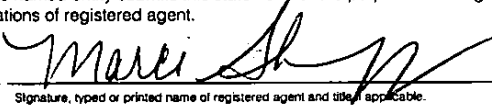
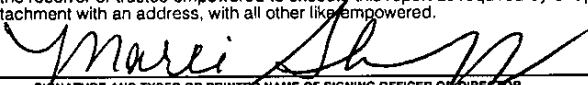


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90287 016 \*\*\*\*61.25

|   |                                  |   |  |  |  |
|---|----------------------------------|---|--|--|--|
| <b>DOCUMENT # N00000001496</b><br>1. Entity Name<br><b>FRIENDS OF BARK PARK AT SNYDER PARK, INC.</b>  |                                  |   |  |   |  |
| Principal Place of Business<br><b>811 SW 28TH ST<br/>FORT LAUDERDALE, FL 33315</b>  |                                  |   | Mailing Address<br><b>811 SW 28TH ST<br/>FORT LAUDERDALE, FL 33315</b> |  |  |
| 2. Principal Place of Business  |                                  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |                                  | Suite, Apt. #, etc.   |  |  |  |
| City & State  |                                  | City & State  |  |  |  |
| Zip   | Country                          | Zip   | Country  |  |  |
| 6. Name and Address of Current Registered Agent   |                                  |   |  | 7. Name and Address of New Registered Agent  |  |
| <b>HANDLEY, BARRY</b><br><b>811 SW 28TH ST</b><br><b>FORT LAUDERDALE, FL 33315</b>  |                                  |   |  | Name <b>Marci Shaffer</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>1601 NE 27 Drive</b><br>City <b>Wilton Manors</b> <b>FL</b> Zip Code <b>33334</b> |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title, applicable.</small>   |                                  |   |  | DATE <b>4/19/05</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>  |                                  |   |  |  |  |
| 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  | <b>MERYERS-KERSHAW, MERRIE</b>   |   | NAME   |  |  |
| STREET ADDRESS  | <b>2009 NE 26TH DRIVE</b>        |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | <b>FORT LAUDERDALE, FL 33306</b> |   | CITY-ST-ZIP  |  |  |
| TITLE   | SD                               | <input type="checkbox"/> Delete   | TITLE  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| NAME  | <b>SHAFFER, MARCI</b>            |   | NAME   | <b>S.T.D</b>   |  |
| STREET ADDRESS  | <b>1601 NE 27TH DRIVE</b>        |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | <b>FORT LAUDERDALE, FL 33334</b> |   | CITY-ST-ZIP  |  |  |
| TITLE   | TD                               | <input checked="" type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>HANDLEY, BARRY</b>            |   | NAME   |  |  |
| STREET ADDRESS  | <b>811 SW 28TH ST</b>            |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | <b>FORT LAUDERDALE, FL 33315</b> |   | CITY-ST-ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete  |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                  |   | NAME   |  |  |
| STREET ADDRESS  |                                  |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                  |   | CITY-ST-ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete  |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                  |   | NAME   |  |  |
| STREET ADDRESS  |                                  |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                  |   | CITY-ST-ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete  |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                  |   | NAME   |  |  |
| STREET ADDRESS  |                                  |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                  |   | 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                  |   | DATE <b>4/19/05</b><br><small>Date</small>                             |  |  |
| <small>Daytime Phone #</small>  |                                  |   |  |  |  |