


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90004 008 ****61.25

DOCUMENT # N00000001496 1. Entity Name FRIENDS OF BARK PARK AT SNYDER PARK, INC.					
Principal Place of Business 811 SW 28TH ST FORT LAUDERDALE, FL 33315			Mailing Address 811 SW 28TH ST FORT LAUDERDALE, FL 33315		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1601 NE 27 DRIVE Suite, Apt. #, etc.			
City & State		City & State FT. LAUDERDALE, FL		4. FEI Number 65-0771015	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33334		Country		6. Name and Address of Current Registered Agent	
Name SHAFFER, MARCI 1601 NE 27 DRIVE FORT LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)		Name			
City		Street Address (P.O. Box Number is Not Acceptable)			
State FL		City			
Zip Code		State FL			
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)					
Filing Fee is \$61.25 Due by September 6, 2006		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			
TITLE PD		NAME MERYERS-KERSHAW, MERRIE		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
STREET ADDRESS 2009 NE 26TH DRIVE		CITY-ST-ZIP FORT LAUDERDALE, FL 33306		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP FORT LAUDERDALE, FL 33306		NAME SHAFFER, MARCI		STREET ADDRESS 1601 NE 27TH DRIVE	
CITY-ST-ZIP FORT LAUDERDALE, FL 33334		CITY-ST-ZIP FORT LAUDERDALE, FL 33334		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Marci Shaffer, Sec.</u> 8/17/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

20053143



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