


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N00000005911</b>		
1. Entity Name <b>FRIENDS OF FAVER DYKES STATE PARK, INC.</b>		

FILED  
06 APR 26 PM 2:36  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1000 FAVER DYKES ROAD ST AUGUSTINE, FL 32086</b>	Mailing Address <b>1000 FAVER DYKES ROAD ST AUGUSTINE, FL 32086</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04122006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3700114</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent <b>MCINTOSH, WILLIAM C/O FRIENDS OF FAVER DYKES SP 1000 FAVER DYKES ROAD ST AUGUSTINE, FL 32086</b>		7. Name and Address of New Registered Agent Name <b>Glenda Frawley, President</b> Street Address (P.O. Box Number is Not Acceptable) <b>286 Monterey Avenue</b> City <b>St. Augustine, FL</b> Zip Code <b>32086</b>	
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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 *Glenda Frawley* **Glenda Frawley** 4/11/06  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	BOD	<input type="checkbox"/> Delete		TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NAURIGHT, ELIZABETH			NAME	Frawley, Glenda		
STREET ADDRESS	815 FAVER DYKES RD			STREET ADDRESS	286 Monterey Avenue		
CITY-ST-ZIP	ST AUGUSTINE, FL 32086			CITY-ST-ZIP	St. Augustine, FL 32086		
TITLE	BOD	<input checked="" type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PACETTI, FRANKIE			NAME	Pacetti, Frankie		
STREET ADDRESS	724 HANSEN RD			STREET ADDRESS	724 Hansen Road		
CITY-ST-ZIP	ST AUGUSTINE, FL 32086			CITY-ST-ZIP	st. Augustine, FL 32086		
TITLE	T	<input type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NICHOLS, CAROL			NAME	Stratton, Sandie		
STREET ADDRESS	69 S DIXIE HIGHWAY			STREET ADDRESS	Box 53		
CITY-ST-ZIP	ST AUGUSTINE, FL 32084			CITY-ST-ZIP	Hastings, FL 32145		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRAWLEY, GLENDA			NAME	Frawley, Kim		
STREET ADDRESS	286 MONTEREY AVE			STREET ADDRESS	5216 Timucua Circle		
CITY-ST-ZIP	ST AUGUSTINE, FL 32084			CITY-ST-ZIP	St. Augustine, FL 32086		
TITLE	BOD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAWLEY, ROBERT			NAME	<i>for 4/26</i>		
STREET ADDRESS	286 MONTEREY AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE, FL 32095			CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCINTOSH, WILLIAM			NAME			
STREET ADDRESS	877 FAVER DYKES ROAD			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE, FL 32086			CITY-ST-ZIP			

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: *Glenda Frawley* **Glenda Frawley** 4/11/06 **386-446-6783**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

April 24, 2006

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

Dear Mr. Toner:

This letter is to certify to you that the Friends of Faver Dykes State Park, Inc. 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.

After filing, please return 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