2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| 1. Entity Nam | # N00000005 ER DYKES STATE | | | | | | 08 / | FIL | ED | | |
|--|--------------------------------------|---|--------------------------------------|----------------------|----------------------------|--------------------|---|----------------------------|----------------------------|---------------------|----------|
| Principal Place 1000 FAVER | R DYKES ROA | ND | :::::::::::::::::::::::::::::::::::: | 000 FAVER DYKES ROAD | | | 08 APR 22 PM 1: 22 PALLANT OF STATE PALLANT OF STATE PALLANT OF STATE | | | | |
| ST AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086 2. Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | nra 1916) Jiagi (16 | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | 04032008 C | hg-NP | CR2E03 | 37 (12/06) | ilio) o) kosi | |
| City & State | | | City & State | | | | 4. FEI Number 59-370011 | | Applied For Not Applicable | | |
| Zip | Country | | Zip | Cou | ountry | | 5. Certificate of S | | | \$8.75 Add | litional |
| FRAWLEY C/O FRIEN 1000 FAVI ST AUGUS | AVER DYKES SP S ROAD | | Name Street A | San Address (F | 7. Name and Ado | pavas | e) 2 - | 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 Signature, typed or printed name of registered agent and told plappicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| | e is \$61.25 lay 1, 2008 | Campaign F nd Contribut | | | | | | payable to timent of St | | | |
| 10. | 100 | OFFICERS AND DIF | | 11. | | | DDITIONS/CHANG | ES TO OFFICE | RS AND DIE | RECTORS IN | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 815 FAVE | IT, ELIZABETH ER DYKES RD STINE, FL 32086 | ☐ Delete | | | 521b | Frawley Timucua Jusustina | cirdi Fu 3a | 066 | ☐ Change | Addition |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | BOX 53 | ON, SANDIE S, FL 32145 | Delete | | | 145 2 2 5 | quelin Nel mases cre lugustina | SON ek Bivd | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 | IRMA TO AVENUE STINE, FL 32086 | ☐ Oelete | ***** | | Ą | Mila | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 286 MON | /, GLENDA TEREY AVE STINE, FL 32086 | ☐ Delete | | | Ψ | MEC | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 286 MON | /, ROBERT IEREY AVENUE STINE, FL 32095 | ☐ Delete | | 1 | , | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST AUGU | R DYKES CIRCLE STINE, FL | Oelete | CiTY- | e Et address -st-zip | | | | | Change | Addition |
| 12. I hereby certify that the information supplied with this filling 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 eath; 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNAM OFFICER OR DIRECTOR DESCRIPTION DESCRIPTION OF DESCRIP | | | | | | | | | | | |



Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

April 17, 2008

Mr. Sean Toner
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify that The Friends of Faver Dykes State Park, Inc is a duly authorized citizen support organization under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to Section 617.0122, F.S., this filing is exempt from any fees when certified by this department.

Please call Mary Hanley at 245-3081 if additional information is needed.

Sincerely, Miles Bullock

Mike Bullock

Director

Florida Park Service

MB/mh

Enclosure