


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90434 002 \*\*\*\*61.25

<b>DOCUMENT # N00000006437</b>	
1. Entity Name <b>FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.</b>	

Principal Place of Business <b>450 GUANA RIVER ROAD PONTE VEDRA BEACH, FL 32082</b>	Mailing Address <b>450 GUANA RIVER ROAD PONTE VEDRA BEACH, FL 32082</b>
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**40090349**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04252007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>91-2081432</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BAYER, DENNIS K 306 SOUTH OCEANSHORE BLVD FLAGLER BEACH, FL 32136</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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.

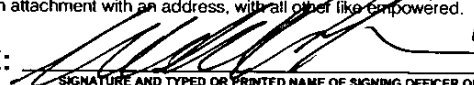
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAMPP, CARL 9600 OCEAN SHORE BLVD MARINELAND, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC Coieiman, Wilfrid 3483 Lands End Dr. St. Aug. FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANKINSON, GAIL 9150 MELLON COURT ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC Hutnan, Joseph 616 Sand Isles Circle Ponte Vedra Bch, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANCIGER, AGNES 2919 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDC Hampp, Carl 235 Marine Center Dr. St. Aug. FL 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, PIERRE 104 FALCON RD. SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Difatta, Peter 2331 S. Ponte Vedra Blvd. Ponte Vedra Bch, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARCK, BARBARA 2749 S PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Pixler, Frank 215 S. Ocean Grand Drive #104 Ponte Vedra Bch, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTNAN, JOSEPH 616 SAND ISLES CIRCLE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kaufman, Irene 2537 South Ponte Vedra Blvd. Ponte Vedra Bch, FL 32082 <input type="checkbox"/> Change <input checked="" 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:**  **W. W. Coleman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/26/07** Daytime Phone #: **904-824-5580**