

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006437

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.

**Current Principal Place of Business:**

450 GUANA RIVER ROAD  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

450 GUANA RIVER ROAD  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 91-2081432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAYER, DENNIS K  
306 SOUTH OCEANSHORE BLVD  
FLAGLER BEACH, FL 32136 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HAMPP, CARL  
Address: 9600 OCEAN SHORE BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: COLEMAN, WILIFRID  
Address: 3483 LANDS END DR.  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD ( ) Delete  
Name: DIFATTA, PETER  
Address: 2381 S. PONTE VEDRA BLVD.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD ( ) Delete  
Name: PIERCE, PIERRE  
Address: 104 FALCON RD.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD ( ) Delete  
Name: SCHACHNOVSKY, NANCY  
Address: 1501 TURTLE BAY CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD ( ) Delete  
Name: KAUFMAN, IRENE  
Address: 2537 S. PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE PIERCE

PD

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date