

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 28 AM 9:03


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 50-3647066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # N00000007657
1. Entity Name
FRIENDS OF TOMOKA BASIN GEOPARK, INC.



Principal Place of Business 2099 N. BEACH ST. ORMOND BEACH, FL 32174	Mailing Address P.O. BOX 4231 ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LEFFLER, CHARLES
11 CLIFFVIEW LANE
ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

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: Charles W. Leffler DATE: 4/12/04

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUSHNELL, JAY
STREET ADDRESS	155 PINTO LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	CARR, JOHN
STREET ADDRESS	359 BROOKLINE AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	D
NAME	NEWTON, BRYNN
STREET ADDRESS	PO BOX 1853
CITY-ST-ZIP	ORMOND BEACH, FL 32175
TITLE	D
NAME	LEFFLER, CHARLES
STREET ADDRESS	11 CLIFFVIEW LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	CARDWELL, HAROLD
STREET ADDRESS	1343 WOODBINE STREET
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	D
NAME	PIATEK, BRUCE
STREET ADDRESS	4 WALNUT COURT
CITY-ST-ZIP	ORMOND BEACH, FL 32174

4/12/04

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles W. Leffler DATE: 4/12/04

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 23, 2004

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 Tomoka Basin Geopark, 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