

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90199 012 ****61.25

DOCUMENT # N01000000047

1. Entity Name
**THE FRIENDS OF CORBETT; SUPPORTERS OF THE
J.W. CORBETT WILDLIFE MANAGEMENT AREA AND
THE EVERGLAD**



Principal Place of Business
**12100 SEMINOLE PRATT-WHITNEY RD
W PALM BEACH, FL 33412**

Mailing Address P O Box 16309
**12100 SEMINOLE PRATT-WHITNEY RD
W PALM BEACH, FL 33412-33416-6309**

24068485



04222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1044389

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KERBER, JANICE
12100 SEMINOLE PRATT-WHITNEY RD
W PALM BEACH, FL 33412**

**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 **Linda Stanley, Secretary**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/04

DATE

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
NAME **D MITCHELL, MARTHANNE** Creasman, John
STREET ADDRESS **1450 176TH RD NORTH** 3871 147th Ave. North
CITY-ST-ZIP **JUPITER, FL 33478** Loxhatchee, FL 33470

TITLE
NAME **D BURGER, BETH**
STREET ADDRESS **2025 BROWARD AVE, #4**
CITY-ST-ZIP **W PALM BEACH, FL 33470**

TITLE
NAME **D HICKMAN, PAUL**
STREET ADDRESS **15360 118TH TERR N**
CITY-ST-ZIP **JUPITER, FL 33478**

TITLE
NAME **D STANLEY, LINDA**
STREET ADDRESS **5665 SUMMIT BLVD**
CITY-ST-ZIP **W PALM BEACH, FL 33415**

TITLE
NAME **D TRAMMELL, BERT**
STREET ADDRESS **23500 SW KANNER HWY**
CITY-ST-ZIP **CANAL POINT, FL 33438**

TITLE
NAME **D WISE MILLER, MARIA**
STREET ADDRESS **12230 FOREST HILL BLVD, #110**
CITY-ST-ZIP **WELLINGTON, FL 33414**

**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: **Linda Stanley, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 (561) 686-1399

Date

Daytime Phone #