

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000047

FILED
Aug 20, 2009
Secretary of State

Entity Name: THE FRIENDS OF CORBETT; SUPPORTERS OF THE J.W. CORBETT WILDLIFE MANAGEMENT AREA
AND THE EVERGLADES YOUTH CONSERVATION CAMP, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

12100 SEMINOLE PRATT-WHITNEY RD
WEST PALM BEACH, FL 33412

Current Mailing Address:

P.O. BOX 16309
WEST PALM BEACH, FL 334166309

New Mailing Address:

FEI Number: 65-1044389 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WRIGHT, CAROLL R
15439 94TH STREET NORTH
WEST PALM BEACH, FL 33412 US

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: T () Delete
Name: WRIGHT, CAROLL R
Address: 15439 94TH STREET NORTH
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: D () Delete
Name: HICKMAN, PAUL
Address: 15360 118TH TERR N
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: STANLEY, LINDA
Address: 5665 SUMMIT BLVD
City-St-Zip: W PALM BEACH, FL 33415

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:

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: CAROLL ROBERT WRIGHT

T

08/20/2009

Electronic Signature of Signing Officer or Director

Date