


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90018 008 ****61.25

DOCUMENT # N01000003113					
1. Entity Name FRIENDS OF TORREYA STATE PARK, INC.					
Principal Place of Business 2576 N.W. TORREYA PARK RD. BRISTOL, FL 32321			Mailing Address 2576 N.W. TORREYA PARK RD. BRISTOL, FL 32321		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0443386	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, BILL 16968 NW COUNTY RD 379 BRISTOL, FL 32321			7. Name and Address of New Registered Agent Name: <u>Anderson, Bill</u> Street Address (P.O. Box Number is Not Acceptable): <u>6963 NW Torreya Park Rd</u> City: <u>Bristol</u> <u>FL</u> Zip Code: <u>32321</u>		
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: <u>Bill Anderson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>7/22/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME ANDERSON, PAMELA STREET ADDRESS 16968 NW COUNTY RD 379 CITY-ST-ZIP BRISTOL, FL 32321	<input type="checkbox"/> Delete		TITLE SD NAME Anderson, Pamela STREET ADDRESS 6963 NW Torreya Park Rd CITY-ST-ZIP Bristol, FL 32321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME TYUS, DENNIS STREET ADDRESS 2833 BEN STOUTAMIRE RD CITY-ST-ZIP TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME ANDERSON, BILL STREET ADDRESS 16968 NW COUNTY RD 379 CITY-ST-ZIP BRISTOL, FL 32321	<input type="checkbox"/> Delete		TITLE TD NAME Anderson, Bill STREET ADDRESS 6963 NW Torreya Park Rd CITY-ST-ZIP Bristol, FL 32321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE PD NAME Miller, Manning STREET ADDRESS P.O. Box 456 CITY-ST-ZIP Hosford, FL 32334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input 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: <u>Bill Anderson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7/22/06</u>		Daytime Phone #: <u>850-643-2674</u>