2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000004747

1. Entity Name
FRIENDS OF FLORIDA WATERWAYS CORPORATION

Principal Place of Business	Mailing Address
GUY & YUDIN, LLP 55 EAST OCEAN BLVD. STUART, FL 34994	GUY & YUDIN, LLP 55 EAST OCEAN BLVD. STUART, FL 34994

02082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1122554
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUY, WILLIAM E JR.
55 EAST OCEAN BLVD.
STUART, FL 34994

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

Filing Fee is $61.25
Due by May 1, 2005

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

U00000310686
04/18/05-80014-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HEFFLEBOWER, DAVID
STREET ADDRESS	HARBORTOWN MARINA 1936 HARBOR TOWN DR.
CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	VPD
NAME	GUY, WILLIAM E JR.
STREET ADDRESS	55 EAST OCEAN BLVD.
CITY-ST-ZIP	STUART, FL 34994
TITLE	STD
NAME	HEFFLEBOWER, BARBARA
STREET ADDRESS	1936 HARBOR TOWN DRIVE
CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: David Hefflebower Apr. 8 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #