

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR -3 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007693

1. Entity Name
FRIENDS OF MISSION SAN LUIS, INC.



Principal Place of Business
500 S BRONOUGH ST
TALLAHASSEE, FL 32399

Mailing Address
500 S BRONOUGH ST
TALLAHASSEE, FL 32399



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3753544

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEOD, STEPHEN A
DIVISION OF HISTORICAL RESOURCES
500 SOUTH BRONOUGH STREET
TALLAHASSEE, FL 32399

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Stephen A. McLeod

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

(NOTE: Registered Agent signature required when reinstating)

January 8, 2004

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KNETSCH, JOE PH.D
STREET ADDRESS 166 MEADOW RIDGE DR
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Delete
NAME ALMY, MARION
STREET ADDRESS P.O. BOX 5103
CITY-ST-ZIP SARASOTA, FL 342775103

TITLE D ☐ Delete
NAME JENKINS, ALTHEA H PH.D
STREET ADDRESS 105 DOGWOOD WAY
CITY-ST-ZIP TALLAHASSEE, FL 323062047

TITLE D ☐ Delete
NAME MCLEOD, STEPHEN
STREET ADDRESS 500 S BRONOUGH ST
CITY-ST-ZIP TALLAHASSEE, FL 32399

TITLE D ☐ Delete
NAME GORDON, ELSBETH
STREET ADDRESS 4400 NW 122 ST
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE D ☐ Delete
NAME HERRIE, BILL
STREET ADDRESS P.O. BOX 10024
CITY-ST-ZIP TALLAHASSEE, FL 323022024

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME Herrle, Bill
STREET ADDRESS Post Office Box 10024
CITY-ST-ZIP Tallahassee, Florida 32302-2024

TITLE D ☐ Change ☒ Addition
NAME Hunt, Roy
STREET ADDRESS 2721 SW 4th Place
CITY-ST-ZIP Gainesville, Florida 32607

TITLE D ☐ Change ☒ Addition
NAME Merrill, J. Collier
STREET ADDRESS Post Office Box 710
CITY-ST-ZIP Pensacola, Florida 32591

TITLE D ☐ Change ☒ Addition
NAME Ricard, Reverend John H.
STREET ADDRESS Post Office Drawer 17329
CITY-ST-ZIP Pensacola, Florida 32522

TITLE D ☐ Change ☒ Addition
NAME Brunson, Jeana Ph.D.
STREET ADDRESS 500 South Bronough Street
CITY-ST-ZIP Tallahassee, Florida 32399-0250

TITLE D ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stephen A. McLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 2004

DATE

880.245.6375

DAYTIME PHONE #

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