


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90272 035 ****61.25

| | | | |
|---|--|--|--|
| 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 2021 W. Mission Road Suite, Apt. #, etc. | | 3. Mailing Address 2021 W. Mission Road Suite, Apt. #, etc. | |
| City & State Tallahassee, FL Zip 32304 Country USA | | City & State Tallahassee, FL Zip 32304 Country USA | |
| 8. Name and Address of Current Registered Agent MCLEOD, STEPHEN A DIVISION OF HISTORICAL RESOURCES 500 SOUTH BRONOUGH STREET TALLAHASSEE, FL 32399 | | 7. Name and Address of New Registered Agent Name McEwan, Bonnie G. Street Address (P.O. Box Number is Not Acceptable) Mission San Luis 2021 W. Mission Road City Tallahassee FL Zip Code 32304 | |
| 9. 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>Bonnie G. McEwan</u> Signature, typed or printed name of registered agent and title if applicable. | | DATE <u>4/28/05</u> (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KNETSCH, JOE PH.D 166 MEADOW RIDGE DR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | J. Collier Merrill P.O. Box 710 Pensacola, FL 32591 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALMY, MARION P.O. BOX 5103 SARASOTA, FL 342775103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Bonnie G. McEwan 2021 W. Mission Rd. Tallahassee, FL 32304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JENKINS, ALTHEA H PH.D 105 DOGWOOD WAY TALLAHASSEE, FL 323062047 <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 | D MCLEOD, STEPHEN 500 S BRONOUGH ST TALLAHASSEE, FL 32399 <input checked="" 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 | D GORDON, ELSEBETH 4400 NW 122 ST GAINESVILLE, FL 32606 <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 | D HERRLE, BILL P.O. BOX 10024 TALLAHASSEE, FL 323022024 <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 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: <u>Bonnie G. McEwan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE <u>4/28/05</u> 850.487.1791 Date Daytime Phone # | |

14010428



02162005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3753544
Applied For
Not Applicable

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

4/28/05