2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000007693

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

Principal Place of Business	Mailing Address
2021 W MISSION ROAD TALLAHASSEE, FL 32304	2021 W MISSION ROAD TALLAHASSEE, FL 32304

DO NOT WRITE IN THIS SPACE

03302006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3753544

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCEWAN, BONNIE G
MISSION SAN LUIS, 2021 W MISSION RD
TALLAHASSEE, FL 32304

DO NOT WRITE IN THIS SPACE

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, 2006

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

000003490701
04/18/06-80067-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KNETSCH, JOE PH.D
STREET ADDRESS	166 MEADOW RIDGE DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	ALMY, MARION
STREET ADDRESS	P.O. BOX 5103
CITY-ST-ZIP	SARASOTA, FL 342775103
TITLE	D
NAME	JENKINS, ALTHEA H PH.D
STREET ADDRESS	105 DOGWOOD WAY
CITY-ST-ZIP	TALLAHASSEE, FL 323062047
TITLE	D
NAME	MERRILL, J. COLLIER
STREET ADDRESS	PO BOX 710
CITY-ST-ZIP	PENSACOLA, FL 32591
TITLE	D
NAME	GORDON, ELSBETH
STREET ADDRESS	4400 NW 122 ST
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	D
NAME	HERRLE, BILL
STREET ADDRESS	P.O. BOX 10024
CITY-ST-ZIP	TALLAHASSEE, FL 323022024

DO NOT WRITE IN THIS SPACE

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: B. McEwan 31 March 2006 850.487.1791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #