

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90260 044 ****61.25

DOCUMENT # N01000007693

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



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

Mailing Address
2021 W MISSION ROAD
TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 MERRILL, J. COLLIER
STREET ADDRESS PO BOX 710
CITY-ST-ZIP PENSACOLA, FL 32591

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE COX, L. TOM ☐ Change ☒ Addition
NAME 1713 Mahan Dr.
STREET ADDRESS Tallahassee, FL 32308
CITY-ST-ZIP

TITLE McFarland, Lois ☐ Change ☒ Addition
NAME 250 Pine Wood Dr.
STREET ADDRESS Tallahassee, FL 32303
CITY-ST-ZIP

TITLE Bryant, Carol ☐ Change ☒ Addition
NAME 1312 Nancy Drive
STREET ADDRESS Tallahassee, FL 32301
CITY-ST-ZIP

TITLE Madden, Carrie ☐ Change ☒ Addition
NAME 722 Ingleside Ave.
STREET ADDRESS Tallahassee, FL 32303
CITY-ST-ZIP

TITLE Marks, Jane ☐ Change ☒ Addition
NAME 3325 Thomasville Rd, #C
STREET ADDRESS Tallahassee, FL 32308
CITY-ST-ZIP

TITLE Ramsey, David B. ☐ Change ☒ Addition
NAME P.O. Box 3926
STREET ADDRESS Tallahassee, FL 32315
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/07 850. 487.1791