


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90091 036 ****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		4. FEI Number 59-3753544	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Bonnie G. McEwan</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		BONNIE G. MCEWAN EXECUTIVE DIRECTOR		1/9/08 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNETSCH, JOE PH.D		NAME	D. L. Tom	
STREET ADDRESS	166 MEADOW RIDGE DR		STREET ADDRESS	1713 Mahan Drive	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALMY, MARION		NAME	McFarland, Lois	
STREET ADDRESS	P.O. BOX 5103		STREET ADDRESS	250 Pine Wood Drive	
CITY-ST-ZIP	SARASOTA, FL 342775103		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, ALTHEA H PH.D		NAME	Bryant, Carol	
STREET ADDRESS	105 DOGWOOD WAY		STREET ADDRESS	1312 Nancy Drive	
CITY-ST-ZIP	TALLAHASSEE, FL 323062047		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERRILL, J. COLLIER		NAME	Madden, Carrie	
STREET ADDRESS	PO BOX 710		STREET ADDRESS	722 Ingleside Avenue	
CITY-ST-ZIP	PENSACOLA, FL 32591		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, ELSEBETH		NAME	Marks, Jane	
STREET ADDRESS	4400 NW 122 ST		STREET ADDRESS	3925 Thomasville Rd, # C	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRLE, BILL		NAME	Ramsay, David B.	
STREET ADDRESS	P.O. BOX 10024		STREET ADDRESS	P.O. Box 3926	
CITY-ST-ZIP	TALLAHASSEE, FL 323022024		CITY-ST-ZIP	Tallahassee, FL 32315	
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: <u>Bonnie G. McEwan</u>		BONNIE G. MCEWAN EXECUTIVE DIRECTOR		1/9/08 850.487.1791 <small>Date Daytime Phone #</small>	