

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001437					
1. Entity Name FRIENDS OF MANATEE SPRINGS PARKS, INC.					
Principal Place of Business MANATEE SPRINGS STATE PARK 11650 N.W. 115TH STREET CHIEFLAND, FL 32626			Mailing Address MANATEE SPRINGS STATE PARK 11650 N.W. 115TH STREET CHIEFLAND, FL 32626		
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	01122007 Chg-NP CR2E037 (12/06)	
4. FEI Number 04-3676532				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BECK, P K 1115 N.W. 115 STREET CHIEFLAND, FL 32626			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 _____ <small>Signature, hand or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 DV NAME LONG, MARK STREET ADDRESS P.O. BOX 2656 CITY-ST-ZIP CHIEFLAND, FL 326442656	<input type="checkbox"/> Delete		TITLE D NAME Mark Long STREET ADDRESS 11650 NW 115th Street CITY-ST-ZIP Chiefland, FL 32626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME PIERCE, CARLTON STREET ADDRESS 11171 N.W. 109TH CT. CITY-ST-ZIP CHIEFLAND, FL 32626	<input type="checkbox"/> Delete		TITLE D NAME Roland Dunckel STREET ADDRESS 116510 NW 115th Street CITY-ST-ZIP Chiefland, FL 32626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME HUGHES, DEXTER STREET ADDRESS P.O. BOX 111 CITY-ST-ZIP MICANOPY, FL 32667	<input type="checkbox"/> Delete		TITLE D NAME Vicky VanDyke STREET ADDRESS 11650 NW 115th Street CITY-ST-ZIP Chiefland, FL 32626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME GULLEDGE, TERESA STREET ADDRESS 14870 NW 40TH AVE CITY-ST-ZIP CHIEFLAND, FL 32626	<input checked="" type="checkbox"/> Delete		TITLE D NAME Toni Collins STREET ADDRESS 11650 NW 115th Street CITY-ST-ZIP Chiefland, FL 32626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PHILMAN, AMOS STREET ADDRESS 4240 S.W. 86TH AVE CITY-ST-ZIP BELL, FL 32619	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Carlton Pierce STREET ADDRESS 11650 NW 115th Street CITY-ST-ZIP Chiefland, FL 32626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BARBER, ROYCE E STREET ADDRESS 9490 SW 62ND COURT CITY-ST-ZIP CHIEFLAND, FL 32626	<input type="checkbox"/> Delete		TITLE DV NAME Royce Barber STREET ADDRESS 11650 NW 115th Street CITY-ST-ZIP Chiefland, FL 32626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Dexter Hughes, Treasurer</i>			2/07/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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STATE
ALLAHASSEE, FLORIDA





Florida Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 6, 2007

Mr. Sean Toner
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify to you that the Friends of Manatee Springs Parks, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Eryn Calabro at the above address, MS 535. If further information is needed feel free to call her at 245-2939.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/edc

Attachments