2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N02000002071

1. Entity Name
THE FRIENDS OF BOCA CIEGA MILLENNIUM PARK, INC.



FILED Mar 07, 2007 8:00 am Secretary of State 03-07-2007 90002 013 ****61.25

Principal Place of Dissivers 6990 125HS NEREET NORTH 5990 125H STREET NORTH 5990 125H ST					5.5			
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City & State Country Country S. Confidence of Status Desired RApplied For Rot Applied For	2. Principal Place of Business - No P.O. Box #		3. Mailing Address				ien en a ntilien (en 1866) (en 1866) (e	<u> </u>
Country Zip Country Zip Country St. Certificate of Satus Desired \$8.75 Additional Fee Required \$8.75 Additiona	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262007	Chg-NP	CR2E037 (12/06)	
STELLECHT, PAUL 12404 94RD AVENUE NORTH SEMINOLE, FL 33772 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. Tam familiar with, and accept the obligations of registered agent. Fee Required 7. Name and Address of New Registered Agent North Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Fl Zip Co	City & State		City & State					·
STELLECHT, PAUL 12404 9ARD AVENUE NORTH SEMINOLE, FL 33772 6. 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 originations of registered agent. SIGNATURE Substant, byted or printed rame of implement agent and fee if applicable. (nOTE-Registered Agent	Zip	Country	Zíp	Country	5. Certificate	of Status Desired		
STELLECHT, PAUL 1240 Q SARD AVENUE NORTH SEMINOLE, FL 33772 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 Syntam, first or printed name of implained agent and the traphilate. InOTE Registered Agent displanue required share serious who venidating) DATE		6. Name and Address of Current	Registered Agent	<u>'</u>	7. Name and	Address of New Reg	stered Agent	
Sireer Address (P.O. Box Number is Not Acceptable) City City FL Zip Code City City FL Zip Code City City FL Zip Code City	STELLECHT PAUI			Name				
8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Filling Fee is \$61,25 Purpose of changing its registered agent a	12404 94RD AVENUE NORTH			Street Addres		er is Not Acceptable)		
8. The above named antity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Filling Fee is \$61.25 Purpose of changing its registered agent agen								
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Filling Foe is \$61.25 Due by May 1, 2007 Page-intered Augert algorithms in Registration (NOTE Registered Augert algorithms in Registration in Registrati	· the obligat	ions of registered agent.						
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Trust Fund Contribution. Added to Fees Florida Department of State		Signature, typed or printed name of registered agent i	and title if applicable. (NOT	E: Registered Agent signature r	required when reinstating)		DATE	
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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.

OFFICER OR DIRECTOR

SIGNATURE: