

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002071

FILED
May 10, 2009
Secretary of State

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

Current Principal Place of Business:

6990 125TH STREET NORTH
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8371
SEMINOLE, FL 33775 83

New Mailing Address:

FEI Number: 09-3586095 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EISENHART, SUZANNE
10236 110TH AVE N
LARGO, FL 33773 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SHREWSBURY, JOANNE
Address: 9731 62ND AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33708

Title: TD () Delete
Name: PASCOE, LETTE
Address: 10236 110TH AVE N
City-St-Zip: LARGO, FL 33773

Title: PD () Delete
Name: EISENHART, SUZANNE
Address: 10236 110TH AVE N
City-St-Zip: LARGO, FL 33733

Title: VPD () Delete
Name: STELLRECHT, PAUL
Address: 12404 93RD AVE N
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE EISENHART

PD

05/10/2009

Electronic Signature of Signing Officer or Director

Date