


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90748 006 \*\*\*\*61.25

**DOCUMENT # N02000007023**  
 1. Entity Name  
**FRIENDS OF CAYO COSTA, INC.**



Principal Place of Business      Mailing Address  
**14027 LA COSTA DRIVE**      **P.O. BOX 475**  
**FT MYERS FL 33924**      **PINELAND FL 33945**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



MOORE      CR2E037 (11/03)

4. FEI Number      Applied For  
**86-1056504**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**TRESCOTT, BARBARA M**  
**12995 S CLEVELAND AVE STE 242**  
**FT MYERES FL 33907**

**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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	<input type="checkbox"/> Delete
NAME	SELLARS, CAROL L	
STREET ADDRESS	PO BOX 66	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAUST, PAUL	
STREET ADDRESS	26 GRANTWOOD LANE	
CITY-ST-ZIP	ST LOUIS MO 03123	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELM, JOHN C	
STREET ADDRESS	PO BOX 852	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TRESCOTT, DANIEL L	
STREET ADDRESS	421 NORWOOD COURT	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	TRESCOTT, BARBARA M	
STREET ADDRESS	421 NORWOOD COURT	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGGETT, DENISE	
STREET ADDRESS	P.O. BOX 852	
CITY-ST-ZIP	FORT MYERS FL 33919	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Barbara Matthews Trescott*      *Barbara Matthews Trescott*      *Officer*      *4/29/04*      *239 936 5652*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #