

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90321 002 ****61.25



DOCUMENT # N02000007023 1. Entity Name FRIENDS OF CAYO COSTA, INC.				Principal Place of Business 14027 LA COSTA DRIVE FT MYERS FL 33924		Mailing Address P.O. BOX 475 PINELAND FL 33945		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE		CR2E037 (10/04)		
City & State		City & State		4. FEI Number 86-1056504		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$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 <u>Barbara M. Trescott</u> Street Address (P.O. Box Number is Not Acceptable) <u>421 NORWOOD COURT</u> City <u>Fort Myers</u> FL Zip Code <u>33919</u>				
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>Barbara Mathers Trescott</u>		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE <u>4/22/05</u>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2005			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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELLARS, CAROL L	NAME		NAME		NAME		
STREET ADDRESS	PO BOX 66	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA FL 33922	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAUST, PAUL	NAME		NAME		NAME		
STREET ADDRESS	26 GRANTWOOD LANE	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO 03123	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELM, JOHN C	NAME		NAME		NAME		
STREET ADDRESS	PO BOX 852	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA FL 33922	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRESCOTT, DANIEL L	NAME		NAME		NAME		
STREET ADDRESS	421 NORWOOD COURT	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	DVTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRESCOTT, BARBARA M	NAME		NAME		NAME		
STREET ADDRESS	421 NORWOOD COURT	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAGGETT, DENISE	NAME		NAME		NAME		
STREET ADDRESS	P.O. BOX 852	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP		CITY-ST-ZIP		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: <u>Barbara Mathers Trescott</u>		Signature and typed or printed name of signing officer or director		Date <u>4/22/05</u>		Telephone # <u>(939) 936 5652</u>		