

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007023

FILED
Apr 27, 2007
Secretary of State

Entity Name: FRIENDS OF CAYO COSTA, INC.

Current Principal Place of Business:

14027 LA COSTA DRIVE
FT MYERS, FL 33924

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 475
PINELAND, FL 33945

New Mailing Address:

FEI Number: 86-1056504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRESCOTT, BARBARA M
421 NORWOOD COURT
FORT MYERS, FL 33919 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: D () Delete
Name: SELLARS, CAROL L
Address: PO BOX 66
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: FAUST, PAUL
Address: 26 GRANTWOOD LANE
City-St-Zip: ST LOUIS, MO 03123

Title: DP () Delete
Name: TRESCOTT, DANIEL L
Address: 421 NORWOOD COURT
City-St-Zip: FORT MYERS, FL 33919

Title: DVTS () Delete
Name: TRESCOTT, BARBARA M
Address: 421 NORWOOD COURT
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: BAGGETT, DENISE
Address: P.O. BOX 852
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SELLARS, CAROL L
Address: 421 NORWOOD COURT
City-St-Zip: FORT MYERS, FL 33919

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

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Name:
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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: BARBARA MATHEWS TRESCOTT

DIR

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date