

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009168

FILED
Jan 13, 2005
Secretary of State

Entity Name: FRIENDS OF LAKE WOODRUFF NWR, INC.

Current Principal Place of Business:

2045 MUD LAKE RD
DELEON SPRINGS, FL 32028

New Principal Place of Business:

Current Mailing Address:

2045 MUD LAKE RD
DELEON SPRINGS, FL 32028

New Mailing Address:

FEI Number: 59-3765249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORROW, HAROLD
2045 MUD LAKE RD
DELEON SPRINGS, FL 32028 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: BARNARD, KATHY
Address: 340 W. RICH AVE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: FRASER, BILL
Address: 2614 GRAND AVE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: BARROW, CYNDY
Address: 1375 CONFIER CT
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: ROGERS, MARY J
Address: 44306 LAKE MACK RD
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: PAYNTER, KATHY
Address: 2195 BANANA ST
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: TAYLOR, SARAH LYNN
Address: 612 N. HIGH ST.
City-St-Zip: DELAND, FL 32720

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
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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 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 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: KATHY BARNARD

D

01/13/2005

Electronic Signature of Signing Officer or Director

Date