## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # N02000009168 01-27-2006 90022 010 \*\*\*\*61.25 FRIENDS OF LAKE WOODRUFF NWR, INC. Principal Place of Business Mailing Address 2045 MUD LAKE RD 2045 MUD LAKE RD 60006867 DELEON SPRINGS, FL 32028 DELEON SPRINGS, FL 32028 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Number 59-3765249 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORROW, HAROLD Street Address (P.O. Box Number is Not Acceptable) 2045 MUD LAKE RD **DELEON SPRINGS, FL 32028** City 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 DATE Signature, typed or grated name of equipment and tale if applicable (NOTE: Recistered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARNARD, KATHY NAME NAME STREET ADDRESS 340 W. RICH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND, FL 32720 TITLE ☐ Delete TITLE ☐ Change ☐ Addition FRASER, BILL NUME NAME STRIFT ADDRESS STREET ADDRESS 2614 GRAND AVE CITY-ST-ZIP DELAND, FL 32720 CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition BARROW, CYNDY NAME NAME STREET ADORESS 1375 CONFIER CT STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 CITY-ST-ZIP **Delete** Change **Addition** TITLE TITLE Kirsten Work ROGERS, MARY J MALIF NAME 119 PALM CT STREET ADDRESS STREET ADDRESS 44306 LAKE MACK RD DeLAND, FL 32724 CITY-ST-ZIP DELAND, FL 32720 CITY-ST-7P TITLE MILE ☐ Chance ☐ Addition ☐ Detete PAYNTER, KATHY NAME NAME 2195 BANANA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 CATY-ST-ZIP **⊠** Delete ☐ Change Addition Beth Cushing Po Box 740 922 TAYLOR, SARAH LYNN NAME STREET ADDRESS 612 N. HIGH ST. STREET ADDRESS ORANGE CITY, FL 32774

FILED

Jan 27, 2006 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Horida 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.

CITY-ST-ZIP

LINGUE AND PHYSICIAN OF PROMITED HAVE OF SIGN CYNTHIA BARROW 386-736-6519 SIGNATURE: \_

CITY-ST-ZP

DELAND, FL 32720