

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90473 034 \*\*\*\*70.00

**DOCUMENT # N03000003522**

1. Entity Name  
FRIENDS OF HOWARD PARK, INC.



Principal Place of Business  
1700 SUNSET DRIVE  
TARPON SPRINGS, FL 34689

Mailing Address  
1026 ANCLOTE DRIVE  
TARPON SPRINGS, FL 34689

**54053867**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

Applied For

02-0690675

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLAS, LEE  
757 BAYSHORE DRIVE  
TARPON SPRINGS, FL 34689

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

**Filing 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 P ☐ Delete  
NAME SNYDER, BRUCE L JR.  
STREET ADDRESS 1026 ANCLOTE DRIVE  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE VP ☐ Delete  
NAME NICHOLAS, ROSEMARIE  
STREET ADDRESS 757 BAYSHORE DRIVE  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE S ☐ Delete  
NAME LEHMAN, CAROL E  
STREET ADDRESS 725 TESSIER CT.  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE T ☐ Delete  
NAME BELL, NOEL A  
STREET ADDRESS 753 CHARLOTTE WEST  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME RICHARD LEHMAN  
STREET ADDRESS 725 TESSIER CT  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME GENE MCCARRON  
STREET ADDRESS 3555 WINDOR DR  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME LEE NICHOLAS  
STREET ADDRESS 757 BAY SHORE DR  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE L. SNYDER JR 5/4/04 (727) 938-5107

Date

Daytime Phone #