2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003522

FILED Apr 21, 2009 Secretary of State

Entity Name: FRIENDS OF HOWARD PARK, INC.

Current Principal Place of Business:					New Principal Place of Business:		
1700 SUNSET DRIVE TARPON SPRINGS, FL 34689					1026 ANCLOTE DR TARPON SPRINGS, FL 34689		
Current Mailing Address:					New Mailing Address:		
	LOTE DRIVE SPRINGS, FL	34689					
FEI Number:	: 02-0690675	FEI Numb	er Applied For()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Re	gistered Agent:		Name and Address	of New Registered Agent:	
TARPONS	HORE DRIVE SPRINGS, FL		JS				
	named entity of of Florida.	submits this	s statement for the pu	irpose o	f changing its register	ed office or registered agent, or both,	
SIGNATUF							
	Electror	nic Signatui	re of Registered Ager	nt		Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (SNYDER, BRU 1026 ANCLOTE TARPON SPRII	E DRIVE	89		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (RODRIGUEZ, 1831 CARDAM TRINITY, FL 3	ION DRIVE			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (RODRIGUEZ, N 1831 CARDAM TRINITY, FL 3	ION DR			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (WARNKE, RICI 2006 HARBOR TARPON SPRII	WATCH CIR			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MCCARREN, G 3555 WINDOR HOLIDAY, FL	DR			Title: Name: Address: City-St-Zip:	() Change () Addition	

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: BRUCE L. SNYDER, JR. P 04/21/2009