

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005461

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** THE FRIENDS OF BIG CYPRESS NATIONAL PRESERVE, INC.

**Current Principal Place of Business:**

52388 TAMIAMI TRAIL, HC 61 BOX 16  
OCHOPEE, FL 34141

**New Principal Place of Business:**

**Current Mailing Address:**

52388 TAMIAMI TRAIL, HC 61 BOX 16  
OCHOPEE, FL 34141

**New Mailing Address:**

**FEI Number:** 41-2108348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUTCHER, CLYDE  
52388 TAMIAMI TRAIL, HC 61 BOX 16  
OCHOPEE, FL 34141 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: P ( ) Delete  
Name: BUTCHER, CLYDE  
Address: 52388 TAMIAMI TR. HC 61 BOX 16  
City-St-Zip: OCHOPEE, FL 34141

Title: S ( ) Delete  
Name: BUTCHER, NIKI  
Address: 52388 TAMIAMI TR HC61 BOX 16  
City-St-Zip: OCHOPEE, FL 34141

Title: D ( ) Delete  
Name: RIPPLE, JEFF  
Address: 52388 TAMIAMI TR HC 61 BPX 16  
City-St-Zip: OCHOPEE, FL 34141

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JACKIE OBENDORF

MNG

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date