



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


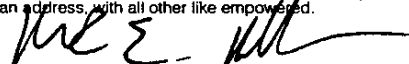
FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90140 008 ****70.00

DOCUMENT # N04000000504 1. Entity Name FRIENDS OF FLORIDA CAVERNS STATE PARK, INC.					
Principal Place of Business 4622 THE OAKS DRIVE MARIANNA, FL 32446			Mailing Address 4622 THE OAKS DRIVE MARIANNA, FL 32446		
2. Principal Place of Business 3345 Caverns Rd. Suite, Apt. #, etc.		3. Mailing Address 3345 Caverns Rd. Suite, Apt. #, etc.			
City & State Marianna, Florida		City & State Marianna, Florida		4. FEI Number 57-1198304	
Zip 32446		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LATHAM, GARY D 4622 THE OAKS DRIVE MARIANNA, FL 32446			7. Name and Address of New Registered Agent Name Hebb, Mark E. Street Address (P.O. Box Number is Not Acceptable) 3393 Fish Hatchery Rd. City Marianna FL Zip Code 32446		
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 <u><i>Mr E</i></u> 3-29-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006 61.25 275 70.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTER, JOHN 5288 HATCHER RD BASCOM, FL 32423	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark E. Hebb 3393 Fish Hatchery Rd. Marianna, Florida		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, CHANLEY 5314 PEPPER LANE MARIANNA, FL 32448	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Chuck Sims 2898 Green St. Marianna, Florida 32446		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, BILL P O BOX 310 MARIANNA, FL 32447	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tom Wilder 4285 Lafayette St. Marianna, Florida 32446		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, JOHN 4705 BERKSHIRE RD MARIANNA, FL 32446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rhonda Oykes 4701 Hwy 906. Marianna, Florida 32446		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LATHAM, GARY 4622 THE OAKS DR MARIANNA, FL 32446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JIM 3362 CAVERNS RD MARIANNA, FL 32446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Mr E</i></u> 3-29-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			850-526-2484 <small>Daytime Phone #</small>		

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See #11.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTER, JOHN 5298 HATCHER RD BASCOM, FL 32423	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Lois Jones 2924 Cherokee St. Marianna, Florida 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, CHANLEY 5314 PEPPER LANE MARIANNA, FL 32448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Chad Taylor 3087 4th St. Marianna, Florida 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

40044019



04032006 Chg-NP CR2E037 (11/05)