


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2008 8:00 am
Secretary of State

06-17-2008 90002 023 ****61.25

DOCUMENT # N04000000504 1. Entity Name FRIENDS OF FLORIDA CAVERNS STATE PARK, INC.					
Principal Place of Business 3345 CAVERNS RD. MARIANNA, FL 32446 32			Mailing Address 3345 CAVERNS RD. MARIANNA, FL 32446 32		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-1198304	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOBB, MARK E 3393 FISH HATCHERY RD. MARIANNA, FL 32446			7. Name and Address of New Registered Agent Name Chuck Sims Street Address (P.O. Box Number is Not Acceptable) 2898 Green St. 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>Charles R. Sims</i></u> 6-11-08 <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 September 12, 2008		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 P NAME HEBB, MARK E STREET ADDRESS 3393 FISH HATCHERY RD CITY-ST-ZIP MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete		TITLE P. NAME Chuck Sims STREET ADDRESS 2898 Green St. CITY-ST-ZIP Marianna, Florida 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SIMS, CHUCK STREET ADDRESS 2898 GROOM ST CITY-ST-ZIP MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete		TITLE V.P. NAME Scott Jacob STREET ADDRESS 4488 Davis St. CITY-ST-ZIP Marianna, Florida	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME WILDER, TOM STREET ADDRESS 4785 LAFAYETTE ST CITY-ST-ZIP MARIANNA, FL 32446	<input type="checkbox"/> Delete		TITLE S NAME Frances Stone STREET ADDRESS 4608 Willow Way CITY-ST-ZIP Marianna, Florida 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D. NAME Chad Taylor STREET ADDRESS 3087 4th St. CITY-ST-ZIP Marianna, Florida 32446	<input type="checkbox"/> Delete		TITLE D. NAME Mark Hebb STREET ADDRESS 3393 Fish Hatchery Rd. CITY-ST-ZIP Marianna, Florida 32446	<input type="checkbox"/> Change <input checked="" 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>Charles R. Sims</i></u> 6-11-08 850-573-6315 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					