



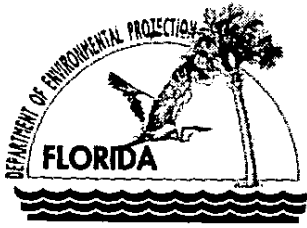
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

pg 1 of 2

DOCUMENT # N04000000507 1. Entity Name FRIENDS OF BLUE SPRING STATE PARK, INC.						FILED 06 MAY -8 PM 1:54 TALLAHASSEE, FLORIDA 	
Principal Place of Business 2100 W FRENCH AVE ORANGE CITY FL 32763				Mailing Address 2100 W FRENCH AVE ORANGE CITY FL 32763			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent KUENZLER, ARNOLD 2100 W FRENCH AVE ORANGE CITY FL 32763				7. Name and Address of New Registered Agent Name RON WOXBERG Street Address (P.O. Box Number is Not Acceptable) 2100 WEST FRENCH AVE City ORANGE CITY FL 32763			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>							
FILE NOW: FEE IS \$61.25 Due By May 1, 2006				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 KUENZLER, ARNOLD <input checked="" type="checkbox"/> Delete 2754 CALL AVE ORANGE CITY FL 32763			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONICA ROSS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13013 JESUP WOODS COURT ORLANDO, FL 32824		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOXBERG, RON <input type="checkbox"/> Delete PO BOX 521673 LONGWOOD FL 32752-1673			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, MELISSA <input type="checkbox"/> Delete 421 N WOODLAND BLVD DELAND FL 32720			TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/5/18 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, WAYNE <input type="checkbox"/> Delete PO BOX 741600 ORANGE CITY FL 32763			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, RANDY <input type="checkbox"/> Delete 301 N VOLUSIA AVE ORANGE CITY FL 32763			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDE, SUSAN <input type="checkbox"/> Delete 202 N VOLUSIA AVE DELAND FL 32720			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 Section 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: WAYNE B. JOHNS TREAS. *Wayne B. Johns* **02-12-06 (386) 775-6888**



Jeb Bush
Governor

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Colleen M. Castille
Secretary

PS 20F2

April 24, 2006

Mr. Sean Toner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to certify to you that the Friends of Blue Spring State Park, Inc. is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/pwf

Attachments