

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000507

1. Entity Name

FRIENDS OF BLUE SPRING STATE PARK, INC.



Principal Place of Business
2100 W FRENCH AVE
ORANGE CITY, FL 32763

Mailing Address
2100 W FRENCH AVE
ORANGE CITY, FL 32763

DO NOT WRITE IN THIS SPACE

01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
57-1199346

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOXBERG, RON
2100 W FRENCH AVE
ORANGE CITY, FL 32763

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROSS, MONICA
STREET ADDRESS 13013 JESUP WOODS COURT
CITY-ST-ZIP ORLANDO, FL 32824

TITLE D
NAME WOXBERG, RON
STREET ADDRESS PO BOX 521673
CITY-ST-ZIP LONGWOOD, FL 327521673

TITLE D
NAME GIBBS, MELISSA
STREET ADDRESS 421 N WOODLAND BLVD
CITY-ST-ZIP DELAND, FL 32720

TITLE D
NAME JOHNS, WAYNE
STREET ADDRESS PO BOX 741600
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE D
NAME MARSHALL, RANDY
STREET ADDRESS 301 N VOLUSIA AVE
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE D
NAME WILDE, SUSAN
STREET ADDRESS 202 N VOLUSIA AVE
CITY-ST-ZIP DELAND, FL 32720

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07 (386) 775-6888
Date Daytime Phone #



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 20, 2007

Mr. Sean Toner
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

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 Eryn Calabro at the above address, MS 535. If further information is needed feel free to call her at 245-2939.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/edc

Attachments