

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

pg 1 of 2

DOCUMENT # NO:000002118

1. Entity Name
FRIENDS OF CAMP HELEN STATE PARK, INC.



FILED

07 JUN -8 PM 12:48

Principal Place of Business Mailing Address

P.O. BOX 19338 23937 P.C. BEACH PKWY
PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32413

STATE OF FLORIDA



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

23937 P.C. Beach Pky PD Box 19338

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State

Panama City Beach FL Panama City Beach FL

Zip Country Zip Country

32407 Bay 32407 Bay

4. FEI Number 76-0781008

Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAGE, LYNN
292 BEACHSIDE DR
CARILLON BEACH FL 32413

7. Name and Address of New Registered Agent

Name Patti Crawford

Street Address (P.O. Box Number is Not Acceptable)
~~P.O. Box 2460~~
21001 S. Lakeview Dr
Panama City Beach FL Zip Code 32413

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 Patti Crawford Patti Crawford DATE 4-4-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P PADGETT, HOWARD W JR 825 FAIRWAY LAKES DRIVE NICEVILLE FL 32578 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	P Emily Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21720 Front Beach Rd. Panama City Beach FL 32413
TITLE NAME STREET ADDRESS CITY ST ZIP	V JOHNSON, DON <input checked="" type="checkbox"/> Delete 101 SUMMERWOOD DR PANAMA CITY BEACH FL 32413	TITLE NAME STREET ADDRESS CITY ST ZIP	V Betty Letcher <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 115 W. Park Place Ave Inlet Beach, FL 32413
TITLE NAME STREET ADDRESS CITY ST ZIP	ADAMS, KAREN <input checked="" type="checkbox"/> Delete 200 GULFCREST LANE CARILLON BEACH FL 32413	TITLE NAME STREET ADDRESS CITY ST ZIP	T Lee Butcher <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 252 Eagle Dr Panama City Beach, FL 32413
TITLE NAME STREET ADDRESS CITY ST ZIP	S PRINE, ANNE <input checked="" type="checkbox"/> Delete 293 BEACHSIDE DRIVE CARILLON BEACH FL 32413	TITLE NAME STREET ADDRESS CITY ST ZIP	S Katharine Dye <input type="checkbox"/> Change <input type="checkbox"/> Addition 113 So. Sans Souci Blvd Panama City Beach, FL 32413
TITLE NAME STREET ADDRESS CITY ST ZIP	D PASCOE, JOHN <input checked="" type="checkbox"/> Delete 162 WHITE SANDY DRIVE PANAMA CITY BEACH FL 32407	TITLE NAME STREET ADDRESS CITY ST ZIP	P Bernie Schmeertman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 108 Colony Harbour Rd. Panama City Beach, FL 32407
TITLE NAME STREET ADDRESS CITY ST ZIP	D KIPPER-TOOTHAKER, MANUELA C <input checked="" type="checkbox"/> Delete 212 VESTAVIA STREET PANAMA CITY BEACH FL 32413	TITLE NAME STREET ADDRESS CITY ST ZIP	D Glen Schmeertman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 108 Colony Harbour Rd Panama City Beach, FL

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: Katharine Dye (KATHARINE DYE) 04/05/08 (501) 234-8918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Pg 2 of 2



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 27, 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 Camp Helen 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,

A handwritten signature in cursive script that reads "Mike Bullock".

Mike Bullock
Director
Florida Park Service

MB/edc

Attachments