

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

RECEIVED

JAN 11 2008 FILED

08 MAR -6 PM 4:08

Dis. SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1169426

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOENFELDER, BETH
20185 CR 132
LIVE OAK, FL 32060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOENFELDER, BETH	
STREET ADDRESS	370 NE FOREST VIEW WAY	
CITY-ST-ZIP	LEE, FL 32059	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOENFELDER, WALTER	
STREET ADDRESS	370 NE FOREST VIEW WAY	
CITY-ST-ZIP	LEE, FL 32059	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, JOHN	
STREET ADDRESS	15110 168TH ST	
CITY-ST-ZIP	MCALPIN, FL 32062	
TITLE	D	<input type="checkbox"/> Delete
NAME	FULS, CHUCK	
STREET ADDRESS	PO BOX 232	
CITY-ST-ZIP	MADISON, FL 32341	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, JERRY	
STREET ADDRESS	9267 141ST DR	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

Jan 11, 2008 850-971-5354



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

March 4, 2008

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 Suwannee River 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.

If further information is needed feel free to contact Eryn Calabro at 245-2939.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/edc

Attachments