

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000006697

1. Entity Name
FRIENDS OF DUKLA PASS, INC.



Principal Place of Business
4325 CONIFER ST
TALLAHASSEE, FL 32304

Mailing Address
4325 CONIFER ST
TALLAHASSEE, FL 32304

2. Principal Place of Business

3. Mailing Address

PO BOX 20437

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TALLAHASSEE FL

Zip

Country

Zip

Country

32316

USA

02032005

Chg-NP

CR2E037 (10/03)

4. FEI Number

20-1494104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUMGARTEN, R. VLADIMIR
4325 CONIFER ST
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

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, 2005

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 CD
NAME BAUMGARTEN, R. VLADIMIR
STREET ADDRESS 4325 CONIFER ST
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Delete

TITLE D
NAME SHEKITKA, JAN N
STREET ADDRESS PO BOX 20417
CITY-ST-ZIP TALLAHASSEE, FL 32316 ☐ Delete

TITLE D
NAME SHEKITKA, AMELIA G
STREET ADDRESS PO BOX 20417
CITY-ST-ZIP TALLAHASSEE, FL 32316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600048830416
03/22/05--01008--002 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JAN SHEKITKA - PRESIDENT

J. Shekitka

MARCH 17, 2005 (850) 875-4280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone