

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000006697

1. Entity Name
FRIENDS OF DUKLA PASS, INC.



Principal Place of Business 4325 CONIFER ST TALLAHASSEE, FL 32304	Mailing Address P.O. BOX 20437 TALLAHASSEE, FL 32316
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02062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1494104	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	CD BAUMGARTEN, R. VLADIMIR 4325 CONIFER ST TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEKITKA, JAN N PO BOX 20417 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEKITKA, AMELIA G PO BOX 20417 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: PRESIDENT - JAN SHEKITKA J - Shekitka (850) 488-2593

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