2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005
Secretary of State

DOCUMENT# N04000006922

Entity Name: FRIENDS OF THE MATANZAS RIVER BASIS, INC.

Current Principal Place of Business:

1093 A1A BEACH BLVD., PMB #137
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1093 A1A BEACH BLVD., PMB #137
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 56-2467368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAMILTON, PATRICK
201 OWENS AVENUE
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GREENBERG, MICHAEL J
Address: 2 ST. ANDREWS CT
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S ( ) Delete
Name: WELCH, MAUREEN
Address: 9120 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T ( ) Delete
Name: TAYLOR, ANN
Address: 1093 A1A BEACH BLVD;, PMB #137
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: WOODWARD, JOHN
Address: 8294 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: WOODWARD, JOHN
Address: 8294 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN TAYLOR T 03/09/2005

Electronic Signature of Signing Officer or Director — Date