

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90095 047 ****61.25

DOCUMENT # N04000009775

1. Entity Name
**FRIENDS OF A1A SCENIC AND HISTORIC COASTAL
BYWAY, INC.**



Principal Place of Business
**104 S 4TH STREET
FLAGLER BEACH, FL 32136-0190**

Mailing Address
**PO BOX 190
FLAGLER BEACH, FL 32136-0190**

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

300 S. CENTRAL AVE

3. Mailing Address

P.O. Box 328

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.



03122007 Chg-NP CR2E037 (12/06)

City & State

FLAGLER BEACH FL

City & State

FLAGLER BEACH, FL

4. FEI Number

01-0817026

Applied For

Not Applicable

Zip

32136

Country

USA

Zip

32136-0328

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HADEED, ALBERT J
104 S 4TH STREET
FLAGLER BEACH, FL 32136-0190**

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, 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

TITLE D-P
NAME HELM, CHARLES M ☐ Delete
STREET ADDRESS PO BOX 328
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE D-S
NAME NETHERTON, JIM ☐ Delete
STREET ADDRESS 9505 OCEANSHORE BLVD.
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE D-VP
NAME JENNESS, BARBARA ☐ Delete
STREET ADDRESS 4300 COASTAL HWY
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE D-T ☒ Delete
NAME KIMREY, MARIAN
STREET ADDRESS 8825 A1A SOUTH # 11
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE D
NAME RUZECKI, MARY ANN ☐ Delete
STREET ADDRESS 1100 SOUTH CENTRAL AVE.
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE D
NAME WILSON, ANNE ☐ Delete
STREET ADDRESS 5750 N. OCEANSHORE BLVD.
CITY-ST-ZIP PALM COAST, FL 32137

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME CLARKE, KEITH ☐ Change ☒ Addition
STREET ADDRESS 37 WALKERS RIDGE DRIVE
CITY-ST-ZIP PONTE VEDRA, FL 32082

TITLE D-S/T
NAME NETHERTON, JIM ☒ Change ☐ Addition
STREET ADDRESS 9505 OCEANSHORE BLVD
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE D
NAME HARNDEN, GEORGE ☐ Change ☒ Addition
STREET ADDRESS 9 AVALON DRIVE
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D
NAME Scofield, Tom ☐ Change ☒ Addition
STREET ADDRESS P.O. Box 210
CITY-ST-ZIP ST. AUGUSTINE, FL 32085

TITLE D
NAME KAUFMAN, IRENE ☐ Change ☒ Addition
STREET ADDRESS 2537 S. PONTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA, FL 32082

TITLE D
NAME SPAMUELS, BOB ☐ Change ☒ Addition
STREET ADDRESS 110 MICKLER BLVD
CITY-ST-ZIP ST. AUGUSTINE BEACH FL 32080

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 supplementary reports 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES HELM, PRESIDENT 3-13-07

Date

1-386-439-1627

Daytime Phone #