## 2006 NOT-FOR-PROFIT CORPORATION

## FILED Apr 19, 2006 8:00 am Secretary of State

## **ANNUAL REPORT** OCUMENT # NOFOCOCO

1. Entity Name FRIENDS OF ALLIGATOR LAKE, INC.									04-19-2006	90086 0	U4 ****61.	25	
229 SE OLD MANSE GLENN 229			ailing Address 229 SE OLD MANSE GLENN AKE CITY, FL 32025				1 1831  T  4   8	OLDI OMIL OSMI OSIG	T STEEL BERN 40101	1 (C) <b>2</b> (C) <b>1 (C)</b>	NITE ES INDI		
2. Principal Place of Business 3. Ma			. Mailing Address										
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				03232006	Chg-NP	CR2E	037 (11/05)		
City & State			Cit	City & State				4. FEI Number	30-032	8 <b>0</b> 34	<u> </u>	oplied For ot Applicable	
Zip	Zip Country					intry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required						
	6. Name	and Address of Current	Registere	d Agent		Name		7. Name and A	ddress of Nev	v Registere	d Agent		
MONTGOMERY, JAMES 229 SE OLD MANSE GLENN				<u> </u>			dress (F	ess (P.O. Box Number is Not Acceptable)					
LAKE CITY	Y, FL 320	25									-		
						City				F	L Zip Cod	e	
	named entit	ty submits this statement fo tered agent.	or the purp	ose of changing its	register	ed office or re	egister	ed agent, or both	, in the State of	Florida. I ar	n familiar with,	and accept	
SIGNISTURE													
SIGNATURE .								•					
SIGNATURE .		d or printed name of registered agen	t and title if app	licable. (NQTE	: Registere	ed Agent signature	e required	when reinstating)		DATE			
SIGNATURE .	Signature, typed	d or printed name of registered agen ee is \$61.25 May 1, 2006	t and title if app	9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May Be Added to Fees	F	Make che	ck payable t artment of S		
10.	Signature, typed	ee is \$61.25		9. Election Can	npaign F	Financing tion.	<u> </u>	\$5.00 May Be	F	Make che lorida Dep	ck payable t artment of S	tate	
<del>.</del>	Filing Fe Due by MONTGC 229 SE O	ee is \$61.25 May 1, 2006		9. Election Can	npaign F Contribut 11. TITU NAM STRI	Financing Lion.	<u> </u>	\$5.00 May Be Added to Fees	F	Make che lorida Dep	ck payable t artment of S	tate	
10. TITLE NAME STREET ADDRESS	Filing Fe Due by MONTGO 229 SE O LAKE CIT D PORTER 252 SW A	OFFICERS AND DI		9. Election Can Trust Fund C	Inpaign F Contribut  11.  THU NAM STRI CITY TITL NAM STRI STRI	E ADDRESS (-ST-ZIP	<u> </u>	\$5.00 May Be Added to Fees	F	Make che lorida Dep	ck payable t artment of S	tate	
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D MONTGO 229 SE O LAKE CIT D PORTER 252 SW A LAKE CIT D LEAR, GA 271 SE P	OFFICERS AND DI OFFICERS AND DI OMERY, JAMES OLD MANSE GLENN ITY, FL 32025 , ELIZABETH AURORA WAY ITY, FL 32025	RECTORS	9. Election Car Trust Fund C	TITL NAM STRICTLY	E  E  E  E  E  E  E  E  E  E  E  E  E	<u> </u>	\$5.00 May Be Added to Fees	F	Make che lorida Dep	ck payable t artment of S DIRECTORS IN	tate  I 10  ☐ Addition	
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indicated on this report or supplied with this little does not quality for the exemptions contained in Chapter 119, Florida statutes. I further certify that the information indicated on this report or suppliemental 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: James H1 Montgomery H THE SIGNATURE AND TYPED OR PRINTED NAME OF SURFING OFFICER OR DIRECTOR

4/15/2006

(386) 752<u>-306</u>6