


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000005202	
1. Entity Name FRIENDS OF ETONIAH COMMUNITY PARK, INC	

Principal Place of Business 620 BARDIN RD PALATKA, FL 32177	Mailing Address 131 SANDY RIDGE TRAIL PALATKA, FL 32177
---	---



04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2892658	Applied For. Not Applicable
-----------------------------	--------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HEBERT, BARBARA A  
131 SANDY RIDGE TRAIL  
PALATKA, FL 32177

**DO NOT WRITE  
IN THIS SPACE**

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 Barbara A. Hebert error BAN DATE 4/23/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000946478  
05/30/08-80051-012 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEBERT, KENNY 131 SANDY RIDGE TRAIL PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CREWS, DOUG 131 SANDY RIDGE TRAIL PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEBERT, BARBARA A 131 SANDY RIDGE TRAIL PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BYRD, NITA 131 SANDY RIDGE TRAIL PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Barbara A. Hebert  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 386-325-4185  
Date Daytime Phone #