

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90099 035 ****61.25

DOCUMENT # N05000008957

1. Entity Name
FRIENDS OF THE WITHLACOOCHEE GULF PRESERVE, INC.



Principal Place of Business
**C/O DEBRA A. STINES
6241 HARMONY LN
YANKEETOWN, FL 34498**

Mailing Address
**C/O DEBRA A. STINES
6241 HARMONY LN
YANKEETOWN, FL 34498**

60005656



2. Principal Place of Business

3. Mailing Address

P.O. BOX 280

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192006 Chg-NP CR2E037 (11/05)

City & State

YANKEETOWN, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

34498

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STINES, DEBRA A
6241 HARMONY LN
YANKEETOWN, FL 34498**

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ANDERSON, DON**
STREET ADDRESS **8 64TH ST**
CITY-ST-ZIP **YANKEETOWN, FL 34498**

TITLE **D** ☒ Change ☐ Addition
NAME **ANDERSON, DONALD**
STREET ADDRESS **317 SW 10TH CIRCLE**
CITY-ST-ZIP **CHIEFLAND, FL 32626**

TITLE **D** ☐ Delete
NAME **HOFFER, CATHERINE**
STREET ADDRESS **17 54TH ST**
CITY-ST-ZIP **YANKEETOWN, FL 34498**

TITLE **PD** ☒ Change ☐ Addition
NAME **HOFFER, THOMAS**
STREET ADDRESS **17 54TH ST**
CITY-ST-ZIP **YANKEETOWN, FL 34498**

TITLE **D** ☐ Delete
NAME **HOFFER, CATHERINE**
STREET ADDRESS **17 54TH ST**
CITY-ST-ZIP **YANKEETOWN, FL 34498**

TITLE **TD** ☐ Change ☒ Addition
NAME **DE RIJKE, MARINUS F.**
STREET ADDRESS **6112 RIVERSIDE DR**
CITY-ST-ZIP **YANKEETOWN, FL 34498**

TITLE **D** ☐ Delete
NAME **MULLER, WALTER**
STREET ADDRESS **5303 RIVERSIDE DR**
CITY-ST-ZIP **YANKEETOWN, FL 34498**

TITLE **VD** ☐ Change ☒ Addition
NAME **HENSON, RICHARD**
STREET ADDRESS **31 PATRICIA RD**
CITY-ST-ZIP **YANKEETOWN, FL 34498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **KLEE, ELLEN**
STREET ADDRESS **31 PATRICIA RD**
CITY-ST-ZIP **YANKEETOWN, FL 34498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marinus F. De Rijke 1/20/06 (352) 447-6098

Date

Daytime Phone #