



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N06000004638</b> 1. Entity Name <b>FRIENDS OF ST. JOSEPH STATE PARKS, INC.</b>						<b>FILED</b> <b>07 APR 30 PM 12:49</b> FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>9574 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456</b>				Mailing Address <b>9574 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip			
4. FEI Number <b>51-0586123</b>						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TRAHAN, CHRISTINA S 980 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAHAN, CHRISTINA S 980 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dr. John E. Oliver 118 Parkview Court Port St Joe, FL 32456 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAREY, SANDRA B 140 CATAMARAN DRIVE PORT ST. JOE, FL 32456 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IVEY, MELANI K 2824 ANNETTE AVENUE PANAMA CITY BEACH, FL 32408 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATRICIA R. HARRIS 4976 CAPE SAN BLAS RD. PORT ST. JOE, FL 32456 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN VLEET, DEBRA K 775 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-FRED R. HARRIS 4976 CAPE SAN BLAS RD PORT ST. JOE, FL 32456 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> <u>Patricia R. Harris</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>March 11, 2007</u> <u>850-229-9235</u> <small>Date Daytime Phone #</small>			



## Florida Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

April 27, 2007

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify to you that the Friends of St. Joseph State Parks, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Eryn Calabro at the above address, MS 535. If further information is needed feel free to call her at 245-2939.

Sincerely,

A handwritten signature in cursive script that reads "Mike Bullock".

Mike Bullock  
Director  
Florida Park Service

MB/edc

Attachments