

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06 1996 8:00 am
Secretary of State

DOCUMENT # N16667 (0)
1. Corporation Name
1000 FRIENDS OF FLORIDA, INC.



Principal Place of Business Mailing Address
524 EAST COLLEGE AVENUE
P.O. BOX 5948 (ZIP 32314)
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified 09/05/1986
3a. Date of Last Report 06/15/1995
4. FEI Number 59-2761163
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 926 E. Park Ave 26 P O Box 5948
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 926 E. Park Avenue 27
City & State City & State
23 Tallahassee FL 28 Tallahassee FL
Zip Country Zip Country
24 32301 25 29 32314 30

9. Name and Address of Current Registered Agent
MURLEY, JAMES F
926 E PARK AVENUE
TALLAHASSEE FL 32301
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MURLEY, JAMES E <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Patricia S. McKay, Ex Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURLEY, JAMES E	1.2 NAME	926 E. Park Ave
STREET ADDRESS	926 E. PARK AVE.	1.3 STREET ADDRESS	Tallahassee FL 32301
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	P DEGROVE, JOHN M. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGROVE, JOHN M.	2.2 NAME	
STREET ADDRESS	FAU/FIU, 220 SE 2ND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	VD KUMPE, MARY A. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMPE, MARY A.	3.2 NAME	
STREET ADDRESS	1564 BAY POINT DR..	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D APTHORP, JIM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APTHORP, JIM	4.2 NAME	
STREET ADDRESS	15307 AMBERLY DR, #1801	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	C REED, NATHANIEL PRYOR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, NATHANIEL PRYOR	5.2 NAME	
STREET ADDRESS	6 RIVERVIEW ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	
TITLE	TD SOKOLOW, JERRY <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOLOW, JERRY	6.2 NAME	
STREET ADDRESS	1680 N.E. 135TH ST. #255	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Patricia S. McKay 2/29/96 904 222 6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

CR2E037 (12/95)