

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16667 (0)**  
1. Corporation Name  
**1000 FRIENDS OF FLORIDA, INC.**



Principal Place of Business <b>926 E PARK AVENUE TALLAHASSEE FL 32301 US</b>	Mailing Address <b>P.O. BOX 5948 TALLAHASSEE FL 32314-5948 US</b>
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3. Date Incorporated or Qualified <b>09/05/1986</b>	3a. Date of Last Report <b>03/06/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2761163</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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  
**61 Name: PATRICIA MCKAY  
62 Street Address (P.O. Box Number is Not Acceptable): 926 EPARK AVENUE  
63  
64 City: TALLAHASSEE FL 65 Zip Code: 32301**

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: *Patricia McKay* (NOTE: Registered Agent signature required when reinstating) DATE:

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Patricia McKay* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: Daytime Phone #0008569

CR2E037 (9/96)