

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N19152

1. Entity Name
ORMOND BEACH FRIENDS OF RECREATION, INC.



Principal Place of Business
675 RIVERSIDE DRIVE
ORMOND BEACH, FL 32176

Mailing Address
675 RIVERSIDE DRIVE
ORMOND BEACH, FL 32176

FILED
May 31, 2005 08:00 AM
Secretary of State



02162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2497356

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HORAN, RUTH
675 RIVERSIDE DR
ORMOND BEACH, FL 32176-4879

**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

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HORAN, RUTH
STREET ADDRESS 675 RIVERSIDE DR
CITY-ST-ZIP ORMOND BEACH, FL

TITLE VD
NAME VAN RHEE, JAY
STREET ADDRESS 843 KNOLLVIEW BLVD.
CITY-ST-ZIP ORMOND BEACH, FL

TITLE SD
NAME STRONG, DOROTHY
STREET ADDRESS 709 OCEAN SHORE BLVD
CITY-ST-ZIP ORMOND BEACH, FL

TITLE TD
NAME ELLIOTT, CAROL
STREET ADDRESS 18 LAKE VISTA WAY
CITY-ST-ZIP ORMOND BCH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000368521
05/31/05-80004-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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

Date

Daytime Phone #

4/20/05 386672-328