


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N19152</b> 1. Entity Name ORMOND BEACH FRIENDS OF RECREATION, INC.	
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Principal Place of Business 675 RIVERSIDE DRIVE ORMOND BEACH, FL 32176	Mailing Address 675 RIVERSIDE DRIVE ORMOND BEACH, FL 32176
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**DO NOT WRITE IN THIS SPACE**



03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2497356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HORAN, RUTH 675 RIVERSIDE DR ORMOND BEACH, FL 32176-4879
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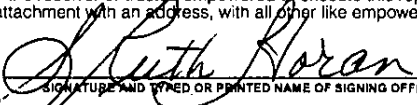
**DO NOT WRITE  
IN THIS SPACE**

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 _____ <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, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000875977 04/11/08-80055-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORAN, RUTH 675 RIVERSIDE DR ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN RHEE, JAY 843 KNOLLVIEW BLVD. ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRONG, DOROTHY 709 OCEAN SHORE BLVD ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLIOTT, CAROL 18 LAKE VISTA WAY ORMOND BCH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 14 if changed, or on an attachment with an address, with all other like empowered.		
<b>SIGNATURE:</b>  RUTH HORAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/28/08 <small>Date</small>	386-672-3257 <small>Daytime Phone</small>