

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19152

FILED
Mar 20, 2009
Secretary of State

Entity Name: ORMOND BEACH FRIENDS OF RECREATION, INC.

Current Principal Place of Business:

675 RIVERSIDE DRIVE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

675 RIVERSIDE DRIVE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-2497356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORAN, RUTH
675 RIVERSIDE DR
ORMOND BEACH, FL 321764879 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HORAN, RUTH,
Address: 675 RIVERSIDE DR
City-St-Zip: ORMOND BEACH, FL

Title: VD () Delete
Name: VAN RHEE, JAY
Address: 843 KNOLLVIEW BLVD.
City-St-Zip: ORMOND BEACH, FL

Title: SD () Delete
Name: STRONG, DOROTHY,
Address: 709 OCEAN SHORE BLVD
City-St-Zip: ORMOND BEACH, FL

Title: TD () Delete
Name: ELLIOTT, CAROL
Address: 18 LAKE VISTA WAY
City-St-Zip: ORMOND BCH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HORAN, RUTH,
Address: 675 RIVERSIDE DR
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH HORAN

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date