2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2012
Secretary of State

DOCUMENT# N19152

Entity Name: ORMOND BEACH FRIENDS OF RECREATION, INC.

Current Principal Place of Business:

24 TOMOKA MEADOWS BLVD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

10 BROADCREEK CIR.
ORMOND BEACH, FL 32174

Current Mailing Address:

24 TOMOKA MEADOWS BLVD.
ORMOND BEACH, FL 32174

New Mailing Address:

10 BROADCREEK CIR.
ORMOND BEACH, FL 32174

FEI Number: 59-2497356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTTI, JOHN
24 TOMOKA MEADOWS BLVD
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

GATES, JUSTIN L
10 BROADCREEK CIR.
ORMOND BEACH, FL 32174 US

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: JUSTIN L. GATES 08/07/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: VAN RHEE, JAY
Address: 843 KNOLLWOOD BLVD.
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP
Name: SCOTTI, JOHN
Address: 24 TOMOKA MEADOWS BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: TREA
Name: GATES, JUSTIN L
Address: 10 BROADCREEK CIR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: SECR
Name: TOLLAND, LORI
Address: 5 BROADWATER RD.
City-St-Zip: ORMOND BCH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: JUSTIN L. GATES TREA 08/07/2012
Electronic Signature of Signing Officer or Director Date