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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:05

DOCUMENT # N21189 (8)

1. Corporation Name
FRIENDS OF THE ISLAMORADA AREA STATE PARKS, INC

Principal Place of Business	Mailing Address
75141 OVERSEAS HIGHWAY ISLAMORADA FL 33036	P.O. BOX 236 ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1987
3a. Date of Last Report: 03/17/1994
4. FEI Number: 65-0028954 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SHEA, STEVEN P.
786 DUCK KEY DR
DUCK KEY FL 33050

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	FAHRER, ALISON	1.2 NAME		
STREET ADDRESS	P. O. BOX 447 N/A	1.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	DOWNING, DENISE	2.2 NAME		
STREET ADDRESS	P. O. BOX 1367 N/A	2.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	STROBEL, KAREN	3.2 NAME		
STREET ADDRESS	PO BOX 1527, NA	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	HARING, SKIP	4.2 NAME		
STREET ADDRESS	P O BOX 838 N/A	4.3 STREET ADDRESS		
CITY-ST-ZIP	LONG KEY FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SILVER, EVELYN	5.2 NAME	LUCI NIEBLER	
STREET ADDRESS	P.O. BOX 306N/A	5.3 STREET ADDRESS	193 EL CAPITAN DRIVE	
CITY-ST-ZIP	ISLAMORADA FL	5.4 CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	KEMP, GLENN	6.2 NAME	ED MABBS	
STREET ADDRESS	135 CORTEZ DR.	6.3 STREET ADDRESS	PO. BOX 498	
CITY-ST-ZIP	ISLAMORADA FL	6.4 CITY-ST-ZIP	TAVERNIER FL 33070	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: PHILIP HARING 1/23/95 305-664-4746
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038027