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1 of 2

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N21189** (8)
1. Corporation Name
FRIENDS OF THE ISLAMORADA AREA STATE PARKS, INC

95 MAR -15 AM 1:23

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**75141 OVERSEAS HIGHWAY
ISLAMORADA FL 33036**

Mailing Address
**P.O. BOX 236
ISLAMORADA FL 33036**

3. Date Incorporated or Qualified 06/18/1987	3a. Date of Last Report 01/30/1995
4. FEI Number 65-0028954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 84371 Overseas hwy.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Islamorada, Fla.	City & State 28
Zip 24 33036	Country 25 Monroe
Country 29	Zip 30

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
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FAHRER, ALISON	
STREET ADDRESS	P. O. BOX 447 N/A	
CITY - ST - ZIP	ISLAMORADA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOWNING, DENISE	
STREET ADDRESS	P. O. BOX 1367 N/A	
CITY - ST - ZIP	ISLAMORADA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STROBEL, KAREN	
STREET ADDRESS	PO BOX 1527, NA	
CITY - ST - ZIP	TAVERNIER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARING, SKIP	
STREET ADDRESS	P O BOX 838 N/A	
CITY - ST - ZIP	LONG KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUCI, NIEBLER	
STREET ADDRESS	193 EL CAPITAN DRIVE	
CITY - ST - ZIP	ISLAMORADA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MABBS, ED	
STREET ADDRESS	P O BOX 498	
CITY - ST - ZIP	TAVERNIER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	EILEEN SYLVESTER
6.4 CITY - ST - ZIP	166 GULFVIEW DRIVE ISLAMORADA FL 33036

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)



N21189

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Department of Environmental Protection

Lawton Chiles
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Virginia B. Wetherell
Secretary

February 5, 1996

Mr. David Mann, Director
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Dear Mr. Mann:

This letter is to certify to you that the Friends of Islamorada Area State Parks, Inc. is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP
Director
Division of Recreation and Parks

FPM/pwc

RECEIVED

FEB 1 1996

BUREAU OF
OPERATIONAL SERVICES