FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAY 30 PM 8:11

DOCUMENT # **N23785** **(1)**

1. Corporation Name

FRIENDS OF ROOKERY BAY, INC.

Principal Place of Business	Mailing Address
10 SHELL ISLAND ROAD NAPLES FL 33962	10 SHELL ISLAND ROAD NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/08/1987	05/01/1994

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

ENSOR, JAMI
1286 HENDERSON CREEK #2
NAPLES FL 33961

10. Name and Address of New Registered Agent

01 Name	Jami McCormick
02 Street Address (P.O. Box Number is Not Acceptable)	725 109th Ave North
03	
04 City	Naples FL 05 Zip Code 33963

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 E. J. E. McCormick 5-23-95
Signature, type(s) or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	ENSOR, E J	12 NAME	Aaron Goddard	
STREET ADDRESS	1286 HENDERSON CREEK #2	13 STREET ADDRESS	2355 54th Terrace SW	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples FL 33999	
TITLE	DVT	21 TITLE	DT	☒ Change ☐ Addition
NAME	LYTTON, PATRICIA S	22 NAME	Jami McCormick	
STREET ADDRESS	4971 8TH AVE SW	23 STREET ADDRESS	725 109th Ave. N.	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	Naples FL 33963	
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	HAMMOND, BILL	32 NAME		
STREET ADDRESS	381 ROOKERY CT	33 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	HINCHCLIFF, PAUL	42 NAME		
STREET ADDRESS	3581 29TH AVE SW	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: E. J. E. McCormick 5-23-95 (813) 498-7396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0081613