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

APPROVED AND FILED
1995 MAR -3 PM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # N29957 (0)

1. Corporation Name
FRIENDS OF O'LENO, INC.

Principal Place of Business	Mailing Address
P O BOX 2879 20204 NW 184 TERR HIGH SPRINGS FL 32643 US	P O BOX 2879 20204 NW 184 TERR HIGH SPRINGS FL 32643 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1988
3a. Date of Last Report: 02/24/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	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

LINDERMAN, DOYLE A
P O BOX 2879
2020 NW 184 TERR
HIGH SPRINGS FL 32643

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	SD	1.1 TITLE	VP D	☐ Change ☒ Addition
NAME	SONDRA SMITH	1.2 NAME	ANN LANE	
STREET ADDRESS	49 ALACHUA HIGHLANDS	1.3 STREET ADDRESS	Rt 2 Box 798	
CITY-ST-ZIP	ALACHUA FL 32615	1.4 CITY-ST-ZIP	High Springs Fl 32643	
TITLE	~~VP~~ P D	2.1 TITLE	~~VP~~ VP D	☐ Change ☒ Addition
NAME	LINDERMAN, MARILYN	2.2 NAME	Will Tibbitts	
STREET ADDRESS	20204 NW 184 TERR.	2.3 STREET ADDRESS	Rt 3 Box 463	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	2.4 CITY-ST-ZIP	Ft White, Fl 32038	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	LINDERMAN, DOYLE	3.2 NAME		
STREET ADDRESS	20204 NW 184 TERR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS FL 32643	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BRAMLAGE, EDWARD	4.2 NAME		
STREET ADDRESS	RT. 2, BOX 2040	4.3 STREET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE	~~AD~~ D	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITLEY, WILLIAM	5.2 NAME		
STREET ADDRESS	RT 2 BOX 945	5.3 STREET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS FL	5.4 CITY-ST-ZIP		
TITLE	VP D	6.1 TITLE		☐ Change ☐ Addition
NAME	~~ANN~~ LANE	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		SCC 3-3-95

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: Doyle A. Linderman Doyle A. LINDERMAN 1-31-95 (904) 462-5386
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0030188

#N29957

(2)

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

February 13, 1995

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 O'Leno, 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

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

FPM/pwc

RECEIVED
95 FEB 15 AM 8:55
DIRECTOR
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA