


FILE NOW: FILING FEE IS \$61.25

1062

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 MAR -6 PM 2:44

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

3. Date Incorporated or Qualified 12/29/1988 3a. Date of Last Report 03/03/1995

4. FEI Number NOT APPLICABLE 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

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 O'Leno State Park 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Rt 2 Box 1010 27
City & State City & State

23 High Springs Fla 28
Zip Country Zip Country

24 32643 25 Columbus 29

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 Dale Kendrick
82 Street Address (P.O. Box Number is Not Acceptable) Rt. 2 Box 1010
83
84 City High Springs FL 85 Zip Code 32643

11. Pursuant to the provisions of Sections 617.002 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 *Dale Kendrick* DATE 2/21/96

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SONDRA SMITH	
STREET ADDRESS	49 ALACHUA HIGHLANDS	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LINDERMAN, MARILYN	
STREET ADDRESS	20204 NW 184 TERR.	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LINDERMAN, DOYLE	
STREET ADDRESS	20204 NW 184 TERR.	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRAMLAGE, EDWARD	
STREET ADDRESS	RT. 2, BOX 2040	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITLEY, WILLIAM	
STREET ADDRESS	RT 2 BOX 945	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LANE, ANN	
STREET ADDRESS	RT 2 BOX 798	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CAROL Hunt	
1.3 STREET ADDRESS	RT 1 Box 165-H	
1.4 CITY-ST-ZIP	7t white, FL 32038	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CALIA Tibbitts	
2.3 STREET ADDRESS	RT 3 Box 463	
2.4 CITY-ST-ZIP	7t white, FL 32038	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Doyle A Linderman	
3.3 STREET ADDRESS	20204 NW 184 Terr	
3.4 CITY-ST-ZIP	High Springs FL 32643	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAUL milner	
4.3 STREET ADDRESS	po Box 2165	
4.4 CITY-ST-ZIP	High Spring FL 32643	
5.1 TITLE	PARLIAMENTARY Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kathryn Powell	
5.3 STREET ADDRESS	18303 SW 7500e	
5.4 CITY-ST-ZIP	Archer FL 32618	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: *Doyle A Linderman* DATE 1-19-96 V President

CR2E037 (12/95)

1062



2 of 2

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 4, 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 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, CLP
Director
Division of Recreation and Parks

FPM/pwc

file waived
6/7.0122
1996

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96 MAR -6 AM 11: 16
DIRECTOR
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA