
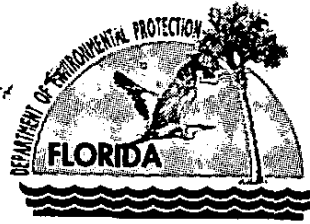


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N29957</b> 1. Entity Name <b>FRIENDS OF O'LENO, INC.</b>						<b>FILED</b>  <b>05 MAR 17 PM 1:11</b>  <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>OLENO STATE PARK</b> <b>410 OLENO PARK RD</b> <b>HIGH SPRINGS, FL 32643 US</b>				Mailing Address <b>P.O. BOX 2879</b> <b>HIGH SPRINGS, FL 32655</b>			
2. Principal Place of Business		3. Mailing Address		02202005 Chg-NP CR2E037 (10/03)		4. FEI Number <b>NOT APPLICABLE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		Zip		Country	
6. Name and Address of Current Registered Agent  <b>WALSH, HARRIET A</b> <b>7730 NE 40TH ST</b> <b>HIGH SPRINGS, FL 32643</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ROTHFELDT, JIM</b>			NAME			
STREET ADDRESS	<b>7730 NE 40TH ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>HIGH SPRINGS, FL 32643</b>			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MCCARTHY, BILL</b>			NAME			
STREET ADDRESS	<b>5410 NE 53RD TERR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>HIGH SPRINGS, FL 32643</b>			CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ZEI, WINONA</b>			NAME	<b>DV Kendrick, Dale</b>		
STREET ADDRESS	<b>129 SW BUCK CT</b>			STREET ADDRESS	<b>410 SE Oleno Park Road</b>		
CITY-ST-ZIP	<b>FT WHITE, FL 32038</b>			CITY-ST-ZIP	<b>High Springs, FL 32643</b>		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CAUDLE, PATRICIA</b>			NAME			
STREET ADDRESS	<b>576 SW FEATHER LANE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FT WHITE, FL 32038</b>			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WALSH, HARRIET A</b>			NAME			
STREET ADDRESS	<b>7730 NE 40TH ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>HIGH SPRINGS, FL 32643</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> <i>Harriet A. Walsh, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>FEB 20 2005</b> (386) 454-4806 <small>Date Daytime Phone #</small>			

*Harriet A. Walsh, Treasurer*



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

March 14, 2005

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Toner:

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. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock  
Director  
Florida Park Service

MB/pwf

Attachments