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 FEB 28 PM 4:21

DOCUMENT # N33061 (5)

1. Corporation Name
FRIENDS OF THE SEBASTIAN RIVER, INC.

Principal Place of Business	Mailing Address
11155 ROSELAND ROAD SUITE 1 SEBASTIAN FL 32958	11155 ROSELAND ROAD SUITE 1 SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0187881 ☐ 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

EVANS, JOHN
11155 ROSELAND ROAD
ROSELAND FL 32957

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 _____ (NOTE: Registered Agent's signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	O ☑ Change ☐ Addition
NAME	TAYLOR, SCOTT	12 NAME	Corum, Carolyn
STREET ADDRESS	9574 FLEMING GRANT RD	13 STREET ADDRESS	981 Dolores St.
CITY-ST-ZIP	SEBASTIAN FL	14 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GLOVER, TIM	22 NAME	
STREET ADDRESS	9660-3 ESTUARY WAY	23 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KILKELLY, SHIRLEY	32 NAME	
STREET ADDRESS	950 FRANCISCAU AVE	33 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SHIPLEY, SHERRY	42 NAME	
STREET ADDRESS	8080 142ND ST	43 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN 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: Sherry Shipley (Sherry Shipley) 2/17/95 407-589-7777
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Title) (Daytime Phone #)

0004000