

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N33061 (5)

1. Corporation Name

FRIENDS OF THE SEBASTIAN RIVER, INC.

Principal Place of Business

11155 ROSELAND ROAD
SUITE 1
SEBASTIAN FL 32958

Mailing Address

11155 ROSELAND ROAD
SUITE 1
SEBASTIAN FL 32958



3. Date Incorporated or Qualified
06/30/1989

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 P.O. Box 287

22 City & State 27 Roseland FL

23 Zip 24 32957 25 Country 29 Indian River

4. FEI Number
65-0187881

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

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 617.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CORUM, CAROLYN
STREET ADDRESS 881 DOLORES ST
CITY-ST-ZIP SEBASTIAN FL

TITLE D
NAME GLOVER, TIM
STREET ADDRESS 9880-3 ESTUARY WAY
CITY-ST-ZIP SEBASTIAN FL

TITLE D
NAME KILKELLY, SHIRLEY
STREET ADDRESS 950 FRANCISCAU AVE
CITY-ST-ZIP SEBASTIAN FL

TITLE D
NAME SHIPLEY, SHERRY
STREET ADDRESS 8080 142ND ST
CITY-ST-ZIP SEBASTIAN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/O
1.2 NAME Glover, Tim
1.3 STREET ADDRESS 9660-3 Estuary way
1.4 CITY-ST-ZIP Sebastian, FL. 32958

2.1 TITLE V/D
2.2 NAME Corum, Carolyn
2.3 STREET ADDRESS 881 Dolores St.
2.4 CITY-ST-ZIP Sebastian, FL. 32958

3.1 TITLE S/D
3.2 NAME Bowman, Margaret
3.3 STREET ADDRESS P.O. Box 783
3.4 CITY-ST-ZIP Wausau, FL 32970 N/A

4.1 TITLE T/O
4.2 NAME Shipley, Sherry
4.3 STREET ADDRESS 8080 142nd St
4.4 CITY-ST-ZIP Sebastian, FL 32958

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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-07/30/96--01100--007
***61.25

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:

Sharon M. Shipley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/96

Date

407-589-4979

Daytime Phone #

CR2E037 (3/96)