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FILED

Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33061** (5)

1. Corporation Name

**FRIENDS OF THE SEBASTIAN RIVER, INC.**

Principal Place of Business	Mailing Address
<b>11155 ROSELAND ROAD SUITE 1 SEBASTIAN FL 32958</b>	<b>P.O. BOX 284 ROSELAND FL 32957</b>

3. Date Incorporated or Qualified

**06/30/1989**

4. FEI Number

**65-0187881**

Applied For  
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVANS, JOHN  
11155 ROSELAND ROAD  
ROSELAND FL 32957**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GLOVER, TIM</b>	
STREET ADDRESS	<b>9980-3 ESTUARY WAY</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STACHEL CHARLES</b>	
STREET ADDRESS	<b>1698 CORAL REEF ST</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL</b>	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LYNN Stiegitz</b>
2.3 STREET ADDRESS	<b>P.O. Box 780530</b>
2.4 CITY-ST-ZIP	<b>SEBASTIAN, FL 32958</b>

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWMAN, MARGARET</b>	
STREET ADDRESS	<b>P.O. BOX 783 N/A</b>	
CITY-ST-ZIP	<b>WALASSO FL 32970</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHIPLEY, SHERRY</b>	
STREET ADDRESS	<b>8080 142ND ST</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL</b>	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>FRANK Wogel</b>
4.3 STREET ADDRESS	<b>8060 142nd St.</b>
4.4 CITY-ST-ZIP	<b>SEBASTIAN, FL 32958</b>

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 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: **X**

**4/8/98**

**581-388 3991**

CP2E037 (10/97)