

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90022 033 \*\*\*\*61.25

**DOCUMENT # N33061**

1. Entity Name

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



Principal Place of Business

**12315 ROSELAND ROAD  
SEBASTIAN FL 32957**

Mailing Address

**P.O. BOX 284  
ROSELAND FL 32957**

**54002318**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0187881**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EVANS, JOHN G.  
11155 ROSELAND ROAD  
UNIT 1  
SEBASTIAN FL 32957**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **GLOVER, TIM**  
STREET ADDRESS **9660-3 ESTUARY WAY**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **VD** ☐ Delete  
NAME **STIEGLITZ, LYNN**  
STREET ADDRESS **P O BOX 780530**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **SD** ☒ Delete  
NAME **BOWMAN, MARGARET**  
STREET ADDRESS **P.O. BOX 783 N/A**  
CITY-ST-ZIP **WABASSO FL 32970**

TITLE **TD** ☐ Delete  
NAME **KILKELLY, SHIRLEY**  
STREET ADDRESS **950 FRANCISCAN AVE**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **SD HERRMANN, RUSSELL**  
STREET ADDRESS **586 REDWOOD CT.**  
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:** *Shirley Kil Kelly* **SHIRLEY KILKELLY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/04 (772) 589-5062**

Date

Daytime Phone #