


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent EVANS, JOHN G. 11155 ROSELAND ROAD 1565 U.S. HWY. #1 UNIT 1 SEBASTIAN, FL 32957	DO NOT WRITE IN THIS SPACE
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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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLOVER, TIM 9660-3 ESTUARY WAY SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STIEGLITZ, LYNN P O BOX 780530 SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRMANN, RUSSELL 586 REDWOOD CT SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KILKELLY, SHIRLEY 950 FRANCISCAN AVE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 H. Kil Kelly SHIRLEY H. KILKELLY 1/6/05 (772) 589-5062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #