

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90026 015 ****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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0187881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

change -->

Name EVANS, JOHN G.

Street Address (P.O. Box Number is Not Acceptable)
1565 U.S.Hway. #1

City SEBASTIAN

FL Zip Code
32958

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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE VD ☒ Change ☐ Addition
NAME SPITZA, JACK
STREET ADDRESS 11615 Roseland Rd.
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE SD ☐ Delete
NAME HERRMANN, RUSSELL
STREET ADDRESS 586 REDWOOD CT
CITY-ST-ZIP SEBASTIAN FL 32958

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 exemptions contained in Section 119, 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 Kilkelly* *SHIRLEY KILKELLY* *1/26/06* *329-589-5012*