


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N33061</b> 1. Entity Name FRIENDS OF ST. SEBASTIAN RIVER, INC.	
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Principal Place of Business 12315 ROSELAND ROAD SEBASTIAN, FL 32957	Mailing Address P.O. BOX 284 ROSELAND, FL 32957
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<b>DO NOT WRITE IN THIS SPACE</b>
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01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0187881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  EVANS, JOHN G. 1565 US HWY # 1 UNIT 1 SEBASTIAN, FL 32958
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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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 SPITZA, JACK 11615 ROSELAND RD 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	

<p>U00000538686 01/17/07-80083-013 61.25</p>          <b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.	
<b>SIGNATURE:</b> <i>Shirley H. KilKelly</i> <b>SHIRLEY H. KILKELLY</b> 1/11/07 772-589-5062	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>