

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33061

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** FRIENDS OF ST. SEBASTIAN RIVER, INC.

**Current Principal Place of Business:**

12315 ROSELAND ROAD  
SEBASTIAN, FL 32957

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 284  
ROSELAND, FL 32957

**New Mailing Address:**

**FEI Number:** 65-0187881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, JOHN G.  
1565 US HWY # 1  
UNIT 1  
SEBASTIAN, FL 32958 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GLOVER, TIM  
Address: 9660-3 ESTUARY WAY  
City-St-Zip: SEBASTIAN, FL 32958

Title: VD ( ) Delete  
Name: WEGEL, FRANK  
Address: 8060 142ND ST.  
City-St-Zip: SEBASTIAN, FL 32958

Title: SD ( ) Delete  
Name: HEATH, GAYLE  
Address: P.O. BOX 1272  
City-St-Zip: ROSELAND, FL 32957

Title: TD ( ) Delete  
Name: SHIPLEY, SHARON M  
Address: 8080 142ND ST  
City-St-Zip: SEBASTIAN, FL 32958

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON SHIPLEY

TD

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date