

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90007 046 \*\*\*\*61.25

**DOCUMENT # N34474**

1. Entity Name  
**FRIENDS OF CANAVERAL, INC.**



Principal Place of Business  
**P O BOX 1526  
NEW SMYRNA BEACH, FL 32170**

Mailing Address  
**P O BOX 1526  
NEW SMYRNA BEACH, FL 32170**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2991163**

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

7. Name and Address of New Registered Agent

**TC WILDER JR  
440 GRANADA ST  
NEW SMYRNA BEACH, FL 32169**

Name **PATRICIA SKRTIC**

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

**412 HANNAH JEANNE CIRCLE**

City **NEW SMYRNA BEACH FL**

Zip Code **32169**

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

*Patricia Skrtic, President*

*3/19/2006*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
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 **D** ☐ Delete  
NAME **MOSES, LORA**  
STREET ADDRESS **21 PELICAN LANE**  
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE **D** ☐ Change ☒ Addition  
NAME **WAGNER, JOHN**  
STREET ADDRESS **1601 CRESCENT RIDGE ROAD**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **VD** ☐ Delete  
NAME **DEWAR, ROBERT**  
STREET ADDRESS **621 GLEN CIRCLE**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

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

TITLE **PD** ☐ Delete  
NAME **SKRTIC, PATRICIA**  
STREET ADDRESS **412 HANNAH JEANNE CIR**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

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

TITLE **D** ☐ Delete  
NAME **WILDER, T. C. JR**  
STREET ADDRESS **440 GRANADA ST**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

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

TITLE **TD** ☒ Delete  
NAME **WILBURN, PEGGY**  
STREET ADDRESS **4301 SOUTH ATLANTIC AVE**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

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

TITLE **D** ☐ Delete  
NAME **MOORE, DOROTHY**  
STREET ADDRESS **2425 SELLECK AVE**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

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 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.

*Patricia Skrtic, President*

**PATRICIA SKRTIC**

*3/19/2006*

*386-438-6151*