2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 12, 2007 8:00 am **Secretary of State DOCUMENT # N34474** 1. Entity Name 02-12-2007 90089 035 ****61.25 FRIENDS OF CANAVERAL, INC. Principal Place of Business Mailing Address P 0 BOX 1526 P 0 B0X 1526 ゴログチュヘヘィ NEW SMYRNA BEACH, FL 32170 NEW SMYRNA BEACH, FL 32170 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 Chg-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 59-2991163 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SKRFIC, PATRICIA Street Address (P.O. Box Number is Not Acceptable) **412 HANNAH JEANNE CIRCLE** NEW SMYRNA BEACH, FL 32169 City Zip Code 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 9. Election Campaign Financing Filing Fee Is \$61.25 Make check payable to **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D Delete ☐ Change Addition TITLE NAME MOSES, LORA EDNA CULPEPPER JAICEPAR AVE NAME 21 PELICAN LANE STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACIL FL 32169 EDGEWATER, FL 32141 CITY-ST-ZIP CITY-ST-7IP **VD** TITLE ☐ Detete m F DEWAR, ROBERT NAME NAME STREET ADDRESS **621 GLEN CIRCLE** STREET ADDRESS CITY-ST-7IP NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP PΩ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SKRTIC. PATRICIA STREET ADDRESS 412 HANNAH JEANNE CIR STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME WILDER, T. C. JR NAME STREET ADDRESS 440 GRANANDA ST STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 CITY-ST-ZIP TITLE ☐ Delete Addition TITLE Change Change WAGNER, JOHN NAME NAME STREET ADDRESS 1601 CRESCENT RIDGE ROAD STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL. 32118 CITY-ST-ZIP TITLE **Delete** TITI F ☐ Chance ☐ Addition MOORE, DOROTHY NAME NAME STREET ADDRESS 2425 SELLECK AVE STREET ADDRESS

FILED

CITY-ST-ZIP

CITY-ST-7IP

NEW SMYRNA BEACH, FL 32168

^{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.

Pattern: Skrtic**

Pattern: Skrtic*

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