

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34474

FILED
Mar 23, 2009
Secretary of State

Entity Name: FRIENDS OF CANAVERAL, INC.

Current Principal Place of Business:

621 GLEN CIR.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

PO BOX 1526
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-2991163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRFIC, PATRICIA
412 HANNAH JEANNE CIRCLE
NEW SMYRNA BEACH, FL 32169 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: TD () Delete
Name: CULPEPPER, EDNA
Address: 021 CEDAR AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD () Delete
Name: DEWAR, ROBERT A
Address: 621 GLEN CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: SKRTIC, PATRICIA
Address: 412 HANNAH JEANNE CIR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: WILDER, T. C. JR
Address: 440 GRANANDA ST
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD () Delete
Name: WAGNER, JOHN
Address: 1601 CRESCENT RIDGE ROAD
City-St-Zip: DAYTONA BEACH, FL 32118

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: VD (X) Change () Addition
Name: WAGNER, JOHN
Address: 1601 CRESCENT RIDGE ROAD
City-St-Zip: 1601 CRESCENT RIDGE ROAD, FL 32118

Title: SD () Change (X) Addition
Name: WAGNER, GATELLEN
Address: 1601 CRESCENT RIDGE ROAD
City-St-Zip: 1601 CRESCENT RIDGE ROAD, FL 32118

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: ROBERT A DEWAR

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date