


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N34579</b> 1. Entity Name <b>FRIENDS OF SAN FELASCO, INC.</b>	
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FILED  
 05 FEB -4 AM 11:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 12720 NW 109TH LANE ALACHUA, FL 32615 US	Mailing Address 12720 NW 109TH LANE ALACHUA, FL 32615 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01192005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3013724</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**EBLING, JIM**  
 17820 NW 149TH PLACE  
 ALACHUA, FL 32615

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** 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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD MCALLISTER, BRIAN <input checked="" type="checkbox"/> Delete
NAME	5207 NW 59 LANE
STREET ADDRESS	GAINESVILLE, FL 32653
CITY-ST-ZIP	
TITLE	TD EBLING, JIM <input type="checkbox"/> Delete
NAME	17820 NW 149TH PLACE
STREET ADDRESS	ALACHUA, FL 32615
CITY-ST-ZIP	
TITLE	SD HELLER, MARK <input checked="" type="checkbox"/> Delete
NAME	5905 NW 124TH STREET
STREET ADDRESS	GAINESVILLE, FL 32653
CITY-ST-ZIP	
TITLE	D BROWN, RANDY <input type="checkbox"/> Delete
NAME	12720 NW 109TH LANE
STREET ADDRESS	ALACHUA, FL
CITY-ST-ZIP	
TITLE	DV EBLING, DEBBIE <input type="checkbox"/> Delete
NAME	17820 NW 149 PLACE
STREET ADDRESS	ALACHUA, FL 32615
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Pfaff
STREET ADDRESS	5423 NW 168th St.
CITY-ST-ZIP	Alachua, FL 32615
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Folkerth, Doug
STREET ADDRESS	3701 NW 58th Place
CITY-ST-ZIP	Gainesville FL 32653
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ebling, Debbie
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:** Jim Ebling Jim Ebling 1/20/05 386-418-1113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Jeb Bush  
Governor

# Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Colleen M. Castille  
Secretary

February 3, 2005

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to certify to you that Friends of San Felasco, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock  
Director  
Florida Park Service

MB/pwf

Attachments