


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

RECEIVED

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # N34579 1. Entity Name FRIENDS OF SAN FELASCO, INC. | | | |  | |
| Principal Place of Business 12720 NW 109TH LANE ALACHUA, FL 32615 US | | Mailing Address 12720 NW 109TH LANE ALACHUA, FL 32615 US | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-3013724 | |
| Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| EBLING, JIM 17820 NW 149TH PLACE 1810 NW 23rd Blvd, Apt. 129 ALACHUA, FL 32615 Gainesville FL 32605 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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. | | | FL Zip Code | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | SB-VD MCALLISTER, BRIAN Z 5207 NW 59TH LANE GAINESVILLE, FL 32653 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD EBLING, JIM 17820 NW 149TH PLACE ALACHUA, FL 32615 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1810 NW 23rd Blvd, Apt 129 Gainesville FL 32605 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD POLLARD, JIM 4511 NW 20TH PLACE GAINESVILLE, FL 32605 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Susan Tanhauser 744 SW Unity Ct Ft. White FL 32038 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MUNN, TERRY 14216 NW 195 STREET ALACHUA, FL 32615 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | same | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>[Handwritten Signature]</i> | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>[Blank]</i> | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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. | | | | | |
| SIGNATURE: <i>[Handwritten Signature]</i> | | Jim Ebling | | 1/13/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # 352-538-2658 | |

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 08 MAR -6 PM 4:11
 District Office
 TALLAHASSEE, FLORIDA
 TALLAHASSEE, FLORIDA



01132008 Chg-NP CR2E037 (12/06)



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

March 4, 2008

Mr. Sean Toner
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify to you that the 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.

If further information is needed feel free to contact Eryn Calabro at 245-2939.

Sincerely,

A handwritten signature in cursive script that reads "Mike Bullock".

Mike Bullock
Director
Florida Park Service

MB/edc

Attachments