

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90033 022 ****61.25

DOCUMENT # N35753

1. Entity Name
**FRIENDS OF ST. MICHAEL THE ARCHANGEL CHAPEL,
INC.**



Principal Place of Business

**%WILLIAM I. GULLIFORD
1950 BARTRAM RD
JACKSONVILLE, FL 32207 US**

Mailing Address

**1950 BARTRAM RD
JACKSONVILLE, FL 32207**

DO NOT WRITE IN THIS SPACE



03022008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3058890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GULLIFORD, WILLIAM I.
1950 BARTRAM ROAD
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	BROWER, BRADY V.
STREET ADDRESS	4038 CONGA ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	P
NAME	GULLIFORD, WILLIAM I.
STREET ADDRESS	75 BEACH AVE
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	DT
NAME	SMITH, DAVID
STREET ADDRESS	4716 QUEEN LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	MERRITT, CHELSEA
STREET ADDRESS	116 HUMMINGBIRD LANE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	VIOLETTE, GERARD
STREET ADDRESS	RT 15 BOX 3734
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM GULLIFORD 3/17/08 904 334-3786

Date

Daytime Phone #