2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38388

FILED Apr 07, 2005 Secretary of State

Entity Name: FRIENDS OF MACARTHUR BEACH STATE PARK, INC.

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Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	703 (A-1-A) CH, FL 33408				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	703 (A-1-A) CH, FL 33408				
FEI Number:	65-0196497	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
THOBURN, THEODORE 2401 PGA BLVD STE 498 PALM BCH GARDENS, FL 33410 US The above named entity submits this statement for the purpose			2401 PGA BOULEVAR STE 198 PALM BCH GARDENS	PALM BCH GARDENS, FL 33410 US	
	e of Florida.				
SIGNATURE:				04/07/2005	
	Electron	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MCCLOSKEY, 2401 PGA BLV		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PINIERO, AND 2401 PGA BLV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	THOBURN, THE 2401 PGA BLV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DOANE, REBEC		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HOPKINS, MAR 9121 N. MILITA) Delete RY S RY TRAIL, #222 GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY S HOPKINS AT 04/07/2005