

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N41848

1. Entity Name
**OLUSTEE BATTLEFIELD CITIZENS SUPPORT
ORGANIZATION, INC.**



Principal Place of Business

**US -90
OLUSTEE, FL 32072**

Mailing Address

**P.O. BOX G
WHITE SPRINGS, FL 32096**

FILED

05 MAR 17 PM 1:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3039233

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THRUSH, JOHN
6705 CR 119
BRYCEVILLE, FL 32009**

**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

John Thrush

John Thrush

2/18/05

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
THRUSH, JOHN
RT 1 BOX 683
BRYCEVILLE, FL 32009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
NELSON, MARGARET A
169 WEST IVY ST.
MACCLENNY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LAURAMORE, DEAN
4948 SEABOARD AVE
JACKSONVILLE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
DURAN, PAUL
256 CLOVER CT
FRUIT COVE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

John Thrush

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:

John Thrush

John Thrush

2/18/05

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

March 14, 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 the Olustee Battlefield Citizen Support Organization, 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