2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N42228 1. Entity Name THE FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC.					FILED 07 APR 11 PM 2: 29				
	SPRINGS STATE WILDLIFE PARK ICOAST BLVD.	4150 S. SUNCOAST BLVI	Mailing Address HOMOSASSA SPRINGS STATE WILDLIFE PARK 4150 S. SUNCOAST BLVD. HOMOSASSA, FL 34446			ACCAHASIZE, FLORIDA			
Principal Place of Business - No P.O. Box # 3. M.		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01192007 Chg-	-NP C	R2E037 (12/06)		
City & State		City & State	City & State		4. FEI Number 59-3078456		\	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Statu	ıs Desired [\$8.75 Ad		
	6. Name and Address of Current	Registered Agent			7. Name and Addres	ss of New Regis	tered Agent		
	LEO J RCHILD RD IILL, FL 34608		Name Street	Address (I	Leen Sch P.C. Box Number is Not G Court				
			<u>.</u>	· · · · · · · · · · · · · · · · · · ·	05A55A		FL Zip Cox	1446	
	 named entity submits this statement for tions of registered agent. 	or the purpose of changing its re	egistered office	or register	ed agent, or both, in the	e State of Florida	. I am familiar with	i, and accept	
SIGNATURE .	Elec Jah J	Eiles Eiles (NOTE: F	ee N S	Schu i			1/19/07 DATE		
,,,	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	-		\$5.00 May Be Added to Fees		check payable Department of S		
10.		Trust Fund Co	-		\$5.00 May Be Added to Fees	Florida	Department of S	State	
TITLE NAME STREET ADDRESS	OFFICERS AND DIE DT PERKO, BILL P.O. BOX 646	Trust Fund Co	TITLE NAME STREET ADDRESS		Added to Fees	Florida	Department of S	N 10	
TITLE NAME	OFFICERS AND DID PERKO, BILL	Trust Fund Co	TITLE NAME	,	Added to Fees	Florida	Department of S	State N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DII PERKO, BILL P.O. BOX 646 HOMOSASSA, FL 34448 D SHEARIN, LARRY 8 PLUM COURT	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	, Avr	Added to Fees ADDITIONS/CHANGES	Florida	Department of S ND DIRECTORS II Change	State N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DII PERKO, BILL P.O. BOX 646 HOMOSASSA, FL 34448 D SHEARIN, LARRY 8 PLUM COURT HOMOSASSA SPRINGS, FL 34 DP FANEUF, LEO 10405 FAIRCHILD RD	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DVF FAN 1040 Spi	Added to Fees ADDITIONS/CHANGES JEUF, LEO SFAIRCH RING H; LL	Florida TO OFFICERS A LD Rd FL 3	Department of S NO DIRECTORS II Change Change Change Change	N 10 Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DII DT PERKO, BILL P.O. BOX 646 HOMOSASSA, FL 34448 D SHEARIN, LARRY 8 PLUM COURT HOMOSASSA SPRINGS, FL 34 DP FANEUF, LEO 10405 FAIRCHILD RD SPRING HILL, FL 34608 D SCOTT, CHESTER 131 W HOLLYFERN PLACE	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	DVF FAN 1040 Spi	Added to Fees ADDITIONS/CHANGES JEUF, LEO SFAIRCH RING H; LL	Florida TO OFFICERS A LD Rd FL 3	Department of S NO DIRECTORS II Change Change Change Change	N 10 Addition Addition Addition	
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Dayome Phone #

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SIGNATURE:

BIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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DOCUMENT # N42228 1. Entity Name THE FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC.								
			SA SPRINGS STATE WILDLIFE PARK UNCOAST BLVD.			HILIF 11818 HEFE HEFE 1811	8/8/1 8/8/1 8/8/1 8/8/1 8/8/1	1)
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01192007	Chg-NP	CR2E037 (12/0	16)
City & State Cit		City & State			4. FEI Number 59-3078			Applied For Not Applicable
Zip	Country	Zip	Cou	ntry	5. Certificate of	of Status Desired	□ \$8.75 Fee Req	Additional juired
	6. Name and Address of Current	Registered Agent	**********		7. Name and	Address of New R	egistered Agent	
FANEUF,	LEO J			Name				
	RCHILD RD IILL, FL 34608			Street Address (I	P.O. Box Number	r is Not Acceptable)	
				City	 		FL Zip (Code
	named entity submits this statement fo tions of registered agent.	r the purpose of changing it	s registere	ed office or register	red agent, or both	i, in the State of Flo	rida. I am tamiliar v	vith, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	d Agent signature required	t when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	·
								
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund		~ —	\$5.00 May Be Added to Fees		ake check payab ida Department o	
10.	_	Trust Fund		on. 🔲	Added to Fees	Flori		of State
TITLE	OFFICERS AND DIF	Trust Fund	Contribution 11.	on.	Added to Fees	Flori	RS AND DIRECTOR	S IN 10
	OFFICERS AND DIF DT PERKO, BILL P.O. BOX 646	Trust Fund	Contribution 11. TITLE NAME STREE	On. DS Sw ET ADDRESS 201	Added to Fees ADDITIONS/CHA ANSON	NGES TO OFFICE BEVERLY LF Harb	Ida Department of RS AND DIRECTOR Char	S IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND DIF DT PERKO, BILL P.O. BOX 646 HOMOSASSA, FL 34448 D	Trust Fund	Contribution 11. TITLE NAME STREE CITY- TITLE	On. ロ D S S S W A O I T ADDRESS ス O I ST-ZIP エハ	Added to Fees ADDITIONS/CHA ANSON N. GO	BEVERLY LF Harb SS, FL.	Ida Department of RS AND DIRECTOR Char Char 34450 Char	of State IS IN 10 Toge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIF DT PERKO, BILL P.O. BOX 646 HOMOSASSA, FL 34448 SHEARIN, LARRY 8 PLOM COURT	Trust Fund Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE STREE	DS SI	ANSON, N GC	NGES TO OFFICE BEVERLY LF Harb SS, FL.	AS AND DIRECTOR Char COR P4+H 34450 Char	of State S IN 10 Toge
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007 OFFICERS AND DIF DT PERKO, BILL P.O. BOX 646 HOMOSASSA, FL 34448 D SHEARIN, LARRY 8 PLUM COURT HOMOSASSA SPRINGS, FL 34	Trust Fund RECTORS Delete	Contribution 11. TITLE NAME STREE CITY- TITLE NAME STREE CITY-	D S S S S S S S S S S S S S S S S S S S	ANSON, N. GOVERNE A IS M 3 NW 2 7 5 TAL	BEVERLY BEVERLY LF Harb SS, FL. IKE BAY Pat RIVER	RS AND DIRECTOR RECTOR RECTO	S IN 10 Addition Type Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2007 OFFICERS AND DIF DT PERKO, BILL P.O. BOX 646 HOMOSASSA, FL 34448 SHEARIN, LARRY 8 PLUM COURT HOMOSASSA SPRINGS, FL 34 DP FANEUF, LEO	Trust Fund Delete Delete	TILE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME NAME NAME	D S S S S S S S S S S S S S S S S S S S	ANSON, N. GOVERNE A IS M 3 NW 2 7 5 TAL	BEVERLY BEVERLY LF Harb SS, FL. IKE BAY Pat RIVER	RS AND DIRECTOR RECTOR RECTO	S IN 10 Addition Type Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIF DT PERKO, BILL P.O. BOX 646 HOMOSASSA, FL 34448 SHEARIN, LARRY 8 PLUM COURT HOMOSASSA SPRINGS, FL 34 DP FANEUF, LEO 10405 FAIRCHILD RD SPRING HILL FL 34608 D SCOTT, CHESTER	Trust Fund RECTORS Delete	Contribution 11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS P 37 ST-ZIP Ho	ANSON, N. G.C. NVERNE AIS M 3 NW 24STAL DE, Sus 70 HALL MOSASS	BEVERLY BEVERLY LF Harb SS. FL. IKE BAY Pat RIVER AN S RIVER A, FL.	H FL 39 RS AND DIRECTOR RS AND DIRECTOR RC Pa+H 34450 Char Char Char H FL 36 Char RS AD 34428	S IN 10 Addition Addition Addition Addition Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIF DT PERKO, BILL P.O. BOX 646 HOMOSASSA, FL 34448 D SHEARIN, LARRY 8 PLUM COURT HOMOSASSA SPRINGS, FL 34 DP FANEUF, LEO 10405 FAIRCHUO RD SPRING HILL FL 34608 D SCOTT, CHESTER 131 W HOLLYFERN PLACE	Trust Fund RECTORS Delete Delete Delete	CONTribution 11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP D A ET ADDRESS J32 ST-ZIP D M.49 ET ADDRESS J32 ST-ZIP C.R.	Added to Fees ADDITIONS/CHA ANSON N. GC IVERNE DIS M SYSTAL MOSASS LOONAD N. M. YSTALRI	MGES TO OFFICE BEVERLY LF Harb SS. FL. IKE Pat RIVER AN S RIVER A, FL. CGCWAN YER FL	H FL 34 RS AND DIRECTOR R Char Char Char Char Char Ave. 34429	S IN 10 Toge
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DOCUMENT # N42228 1. Entity Name THE FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC.										
Principal Place of Business HOMOSASSA SPRINGS STATE WILDLIFE PARK 4150 S. SUNCOAST BLVD. HOMOSASSA, FL 34446 Mailing Address HOMOSASSA SPRINGS STATE 4150 S. SUNCOAST BLVD. HOMOSASSA, FL 34446						(1818 HOLD (1883 HOLD DIDH BI	CH 440 2014			
2. Principal Place of Business - No P.O. Box # 3.			ing Address							
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.		01192007 Ch	ng-NP CR:	2E037 (12/06)			
City & State		Cit	City & State		4. FEI Number 59-3078456		├ ─ ┼	plied For t Applicable		
Zip	Zip Country		Zip Country		5. Certificate of Sta	5. Certificate of Status Desired See Required				
	6. Name and Address of Curren	t Registere	d Agent		7. Name and Add	ress of New Registe	red Agent			
FANEUF, LEO J 10415 FAIRCHILD RD SPRING HILL, FL 34608				Ĺ	Name Street Address (P.O. Box Number is Not Acceptable)					
				City		······································	FL Zip Code	-		
	named entity submits this statement tions of registered agent.	for the purp	ose of changing its re-	gistered office or re	egistered agent, or both, in	the State of Florida.	I am familiar with,	and accept		
SIGNATURE	Signature, typed or printed name of registered age:	nt and title if and	icable. (NOTE-B	egistered Agent sighature r	required when reinstating)		ATE	···-		
		1	<u> </u>							
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign F Trust Fund Contribut				\$5.00 May Be Added to Fees		heck payable to epartment of Si				
10.	OFFICERS AND D	IRECTORS		11.	ADDITIONS/CHANGI	ES TO OFFICERS AN				
TITLE NAME	PERKO, BILL		☐ Delete	NAME /	Nicklas, C	DALA	☐ Change	☐ Addition		
STREET ADDRESS	P.O. BOX 646			STREET ADDRESS	NickLAS, C	EMBLEY	Dr.			
CITY-ST-ZIP	HOMOSASSA, FL 34448			CITY-ST-ZIP	CRYSTAL	RIVER,	Fl. 34	1429		
TITLE	D		☐ Delete	TITLE	D CEER D	· ·	☐ Change	Addition		
NAME STREET ADDRESS	SHEARIN, LARRY 8 PLUM COURT			SHAFFER, DOWS EDGE DR.			DR.			
CITY-ST-ZIP	HOMOSASSA SPRUNGS, FL 3	4498		CITY-ST-ZIP	CRYSTAL_	RIVER	FL 344	29		
TITLE	DP	/	☐ Delete	TITLE	D		☐ Change	Addition		
NAME	FANEUF, LEO			NAME STREET ADDRESS	SWANSON,	ART	PATH			
STREET ADDRESS CITY-ST-ZIP	10405 FAIRCHILD RD SPRING HILL, FL 34608			STREET ADDRESS CITY-ST-ZIP	SWANSON, 201 N. GOL INVERNES;	S FL :	34450			
TITLE			☐ Delete	I TITLE 1	D		I I Unange	☐ Addition		
****	D /	\			ν .			1		
NAME	SCOTT, CHESTER			NAME 5	SVOBODA, G	inny ,	1			
STREET ADDRESS CITY-ST-ZIP	1 "			NAME STREET ADDRESS CITY-ST-ZIP	170 BO DA, G 1349 5. Pel	inny m Beach	L608 34448			
STREET ADDRESS	SCOTT, CHESTER 131 W HOLLYFERN PLACE BEVERLY HILLS, PL 34465 DS		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	V SVOBODA, G 2349 5. Pel HOMOSASS	i'nny m Beach ia, FL	Loop 34448 □ Change	Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	SCOTT, CHESTER 131 W HOLLYFERN PLACE BEVERLY HILLS, PL 34465 DS SCHULLTZ, FILEEN			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VOBODA, G 2349 5. Pel 140MOSASS	i'nny m Beach ia, FL:	Loop 34448 □ Change	☐ Addition		
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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

April 6, 2007

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 Homosassa Springs Wildlife Park, 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 Eryn Calabro at the above address, MS 535. If further information is needed feel free to call her at 245-2939.

Sincerely,

Mike Bullock

Director

Florida Park Service

Wicke Bullok

MB/edc

Attachments