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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N42228

1. Entity Name
THE FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC.



FILED
 07 APR 11 PM 2:29
 STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**HOMOSASSA SPRINGS STATE WILDLIFE PARK
 4150 S. SUNCOAST BLVD.
 HOMOSASSA, FL 34446**

Mailing Address
**HOMOSASSA SPRINGS STATE WILDLIFE PARK
 4150 S. SUNCOAST BLVD.
 HOMOSASSA, FL 34446**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01192007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3078456

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FANEUF, LEO J
 10415 FAIRCHILD RD
 SPRING HILL, FL 34608**

7. Name and Address of New Registered Agent
 Name **Eileen SchULTZ**
 Street Address (P.O. Box Number is Not Acceptable)
11 FIG COURT EAST
 City **HOMOSASSA** FL Zip Code **34446**

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 Eileen Schultz **Eileen SchULTZ** **1/19/07**
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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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	DT PERKO, BILL P.O. BOX 646 HOMOSASSA, FL 34448 <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	D SHEARIN, LARRY 8 PLUM COURT HOMOSASSA SPRINGS, FL 34446 <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	DP FANEUF, LEO 10405 FAIRCHILD RD SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DVP FANEUF, LEO 10405 FAIRCHILD Rd. SPRING HILL FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, CHESTER 131 W HOLLYFERN PLACE BEVERLY HILLS, FL 34465 <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	DS SCHULTZ, EILEEN 11 FIG COURT EAST HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP SCHULTZ, EILEEN 11, Fig COURT, EAST HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOWE, MARK 4250 SUNCOAST BLVD HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D LOWE, MARK 4250 SUNCOAST BLVD. HOMOSASSA, FL 34446

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: Eileen Schultz **1/19/07** **352-382-5300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

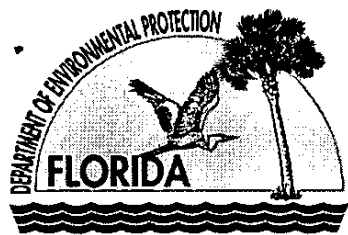
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3078456	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FANEUF, LEO J 10415 FAIRCHILD RD SPRING HILL, FL 34608				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	DT PERKO, BILL P.O. BOX 646 HOMOSASSA, FL 34448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SWANSON, BEVERLY 201 N. GOLF HARBOR PATH INVERNESS, FL 34450	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEARIN, LARRY 8 PLUM COURT HOMOSASSA SPRINGS, FL 34446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gudis MIKE 253 NW BAY PATH CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FANEUF, LEO 10405 FAIRCHILD RD SPRING HILL, FL 34608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, SUSAN 9370 HALLS RIVER ROAD HOMOSASSA, FL 34428	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, CHESTER 131 W HOLLYFERN PLACE BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALDONADO, VIC 132 N. MCGOWAN AVE. CRYSTAL RIVER FL 34429	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHULTZ, EILEEN 11 FIG COURT EAST HOMOSASSA, FL 34446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, Glenda 6 MANGROVE COURT WEST HOMOSASSA, FL 34446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOWE, MARK 4250 SUNCOAST BLVD HOMOSASSA, FL 34446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MITCHESON, SIM 7240 S. DAYTON PT. LECANTO, FL 34461	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____ Date _____ Daytime Phone # _____					
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Pg 3 of 4

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FANEUF, LEO J 10415 FAIRCHILD RD SPRING HILL, FL 34608		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 D SHEARIN, LARRY 8 PLUM COURT HOMOSASSA SPRINGS, FL 34446 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, DOUG 2435 WATERSEDGE DR. CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 DP FANEUF, LEO 10405 FAIRCHILD RD SPRING HILL, FL 34608 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, ART 201 N. GOLF HARBOR PATH INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 D SCOTT, CHESTER 131 W HOLLYFERN PLACE BEVERLY HILLS, FL 34465 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVABODY, Ginny 2349 S. Palm Beach Loop HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 DS SCHULTZ, EILEEN 11 FIG COURT EAST HOMOSASSA, FL 34446 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



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

MB/edc

Attachments