

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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District 2 Office FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3078456	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

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 WILDLIFE PARK
4150 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FANEUF, LEO J
10415 FAIRCHILD RD
SPRING HILL, FL 34608

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DT PERKO, BILL P.O. BOX 646 HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEARIN, LARRY 8 PLUM COURT HOMOSASSA SPRINGS, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHULLTZ, EILEEN 11 FIG COURT EAST HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, MARK 4250 SUNCOAST BLVD HOMOSASSA, FL 34446

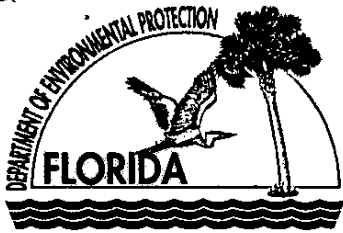
DO NOT WRITE IN THIS SPACE

perko

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: *William R. Celko*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-08 352 628
Date Daytime Phone # 3547



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 17, 2008

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 that The Friends of Homosassa Springs Wildlife Park, Inc is a duly authorized citizen support organization under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to Section 617.0122, F.S., this filing is exempt from any fees when certified by this department.

Please call Mary Hanley at 245-3081 if additional information is needed.

Sincerely,

A handwritten signature in black ink that reads "Mike Bullock". The signature is written in a cursive, flowing style.

Mike Bullock
Director
Florida Park Service

MB/mh

Enclosure