

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42228

FILED
Jan 07, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3078456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKO, WILLIAM R TREASUR
6242 S. HANDEL PT.
HONOSASSA, FL 34448 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DT
Name: PERKO, BILL TREASUR
Address: 6242 S. HANDEL PT.
City-St-Zip: HOMOSASSA, FL 34448

Title: DT
Name: BUSIAL, JAMIE PRESIDE
Address: 6089 S ROCKET PT
City-St-Zip: HOMOSASSA, FL 34446

Title: DV
Name: SVOBODA, GINNY VICE PR
Address: 2340 S. PALM BEACH LOOP
City-St-Zip: HOMOSASSA, FL 34448

Title: D
Name: SCOTT, CHESTER
Address: 131 W HOLLYFERN PLACE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: DS
Name: SANDY, VALENTE SECRETA
Address: 38 N SWEETGUM CT
City-St-Zip: HOMOSASSA, FL 34446

Title: D
Name: LOWE, MARK
Address: 4250 SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34446

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM PERKO

TREA

01/07/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date