

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N44459

1. Entity Name
FRIENDS OF OSCAR SCHERER PARK, INC.



Principal Place of Business
1843 S. TAMiami TRAIL
OSPREY, FL 34229-9663

Mailing Address
1843 S. TAMiami TRAIL
OSPREY, FL 34229-9663

FILED

08 APR 29 AM 7:31

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0282041

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SENDREY, ROBERT
2877 DALHART AVE
NORTH PORT, FL 34286

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

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, 2008**

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	PD SENDREY, ROBERT 2877 DALHART AVE NORTH PORT, FL 34286	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KARNEDY, GEORGE 647 SIGMORELLI DR NOKOMIS, FL 34275	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DELANEY, RUSS 5520 CARMONA PL SARASOTA, FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOMQUIST, NANCY 320 BASE AVE #113 VENICE, FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, BRUCE 629 SEURAT DRIVE NOKOMIS, FL 34275	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONGELLI, JOHN 5880 TAYLER RD VENICE, FL 34293	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JANSSEN, HELEN 207 RUBENS DR. - H NOKOMIS, FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREIDSTER, JIM 1331 THORNAPPLE DR. OSPREY, FL 34229	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3/29	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Helen Janssen*

March 05 2008



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 24, 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 Friends of Oscar Scherer 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 cursive script that reads "Mike Bullock".

Mike Bullock
Director
Florida Park Service

MB/mh

Enclosure