

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45314 (4)

1. Corporation Name

FRIENDS OF THE APALACHICOLA NATIONAL FOREST, INC

Principal Place of Business

**1313 N DUVAL
TALLAHASSEE FL 32303**

Mailing Address

**1313 N DUVAL
TALLAHASSEE FL 32303**



3. Date Incorporated or Qualified
09/25/1991

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEANS, D. BRUCE
1313 N DUVAL ST
SUITE 100
TALLAHASSEE FL 32303**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TSCHINKEL, WALTER R
STREET ADDRESS 1561 MARIM AVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE TD
NAME STEINHEIMER, KATHY
STREET ADDRESS 1315 JACKSON ST
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME MEANS, D. BRUCE
STREET ADDRESS 1313 N DUVAL STREET
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME COOK, DAVID C
STREET ADDRESS 4132 ARKLOW DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD
NAME BAKER, WILSON
STREET ADDRESS 1422 CRESTVIEW AVENUE
CITY-ST-ZIP TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *D. Bruce Means* D. Bruce Means

4-24-96

904-681-6208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)