2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N46465

1. Entity Name
FRIENDS OF WEEDON ISLAND, INC.

Principal Place of Business	Mailing Address
6830 CENTRAL AVE STE A ST. PETERSBURG, FL 33707 US	6830 CENTRAL AVE STE A ST. PETERSBURG, FL 33707 US

DO NOT WRITE IN THIS SPACE

03052008 No Chg-NP   CR2E037 (4/06)

4. FEI Number 59-3097484	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SPOOR, W G
6830 CENTRAL AVE
STE A
ST. PETERSBURG, FL 33707

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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	U00000858227 04/01/08-80037-002 61.25

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	MUNTZ, TOM
STREET ADDRESS	721 83RD AVENUE N. #107
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702

TITLE	DT
NAME	SPOOR,, W G
STREET ADDRESS	6830 CENTRAL AVE SUITE A
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____ 3/12/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #