

APPROVED
AND
FILED

97 APR 24 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		AND FILED 97 APR 24 AM 11:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N48927					
1. Corporation Name FRIENDS OF FORT CLINCH, INC.					
Principal Place of Business 1784 Drury Rd. FERNANDINA BEACH FLORIDA 32034		Mailing Address 1784 Drury Rd. FERNANDINA BEACH FLORIDA 32034		3. Date Incorporated or Qualified 05/14/1992	
2. Principal Place of Business		2a. Mailing Address		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3126070	
22. City & State		27. City & State		5. Certificate of Status Desired	
23. Zip		28. FERNANDINA BEACH, FL.		6. Election Campaign Financing Trust Fund Contribution	
24. Country		29. 32034		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Clif Maxwell 2601 Atlantic Ave. FERNANDINA, BEACH FL. 32034		81. Name		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.		82. Street Address (P.O. Box Number is Not Acceptable)		83.	
SIGNATURE: [Signature]		84. City		85. Zip Code	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.		Free waived in accordance with 258.019			
SIGNATURE: Anita Lauramore		4-9-97 904-771-1662			