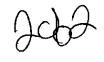
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DOCUI	MENT # <b>N48927</b>					≓ii <b>F</b> I	,		
1. Entity Name					FILED SECRETARY OF STATE DEVISION OF CORPORATIONS				
FRIENDS OF FORT CLINCH, INC.					DEVISION OF CURPUINMENT				
						00 MAR 30	PM 12: 2:	3	0
Principal Plac	e of Business	Mailing Address				00 (11	1,		<b>/</b>
1784 DRURY RD. 2601 ATLANTIC AVE. FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034-2203							](	$\mathcal{I}\mathcal{O}$	0 1
CUIANADIIA E	DENOTI FL 32004	LIMANDIM DENOTTE SE	WO+ 2200				•		
2. Principal Place of Business  2LD1 ATLANTIC AVE.  3. Mailing Address  SAME						3 00   8  5  0  5  19			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City 9 Ctat		City & State	····		4. FEI Number	· · · · · · · · · · · · · · · · · · ·		l lAn	plied For
City & Stat	DINA BEACH, FL	City & State	City & State			59-3126070		$\vdash$	t Applicable
Zip	Country	Zip	Country	·	5. Certificate o	f Status Desired		75 Add Required	
<u> 32034-:</u>	2203 NASSAU  6. Name and Address of Current F	Registered Agent			7. Name and A	Address of New Reg		•	
			Name	MAI					
MAXWFI L. CLIFF Street Address (				P.O. Box Number	is Not Acceptable)				
2601 ATLANTIC AVE				<del>-</del>	DUTCO	211			
FERNANDI	INA BEACH FL 32034		City		· · · · ·		FL 4	ip Code	e _
0 The 1 c		Ab	- de sistema de effica d		SONVILL			<u>3ス:</u>	210
<b>b.</b> The above	named entity submits this statement for	r the purpose of changing its i	registered office t		eu agent, or both	of the state of Florida	a.	.1_	1 < 1
	(111/	$\mathcal{A}$	(	M	THIR T	Chab	· 4	13/	$(\infty)$
SIGNATURE .	Signature, typed or printed tame of registered agent a	and title if applicable. (NOTE	; Registered Agent signs	ature requied	when einstating)	<i>y</i> ~~~~	DATE	<u> </u>	
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	FILE NOW:	9. Election Campaign Trust Fund Contribu			May Be		Check Paya		,
	FEE IS \$61.25	Trust Fund Contribu	ution.	Added	to Fees	Depa	rtment of S	State	<u>'</u>
10.		Trust Fund Contribu	11.	Added	to Fees		AND DIRECT	State ORS IN	10
10. TITLE NAME	OFFICERS AND DIR COTTOM, SHERRY	Trust Fund Contribu	11. TITLE NAME	Added MA	d to Fees  ADDITIONS/CHA	Depa	AND DIRECT	State	<u>'</u>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



## Department of Environmental Protection



Jeb Bush Governor Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

David B. Struhs Secretary

March 28, 2000

Mr. David Mann, Director Division of Corporations Department of State Post Office Box 6327 Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify to you that Friends of Fort Clinch, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP

Director

Division of Recreation and Parks

FPM/paw

**Attachments** 

2000 UNIFORM BUSINESS REPORT (UBR) 2/23/00-90027-033-\$150.00-\$150.00 DOCUMENT # P9900006486 (Original Accidentally to FILEU SECKETARY OF STAFE HVISION OF CORPORATIONS SALEFISH REALTY, INC. 00 MAR 30 AM II: 08 Principal Place of Business 5.32 EAST OCEAN AVENUE 532 EAST OCEAN AVENUE BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435-4924 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Beckernan, David M. Esq. 1200 North Federal Highway, Suite 320 Boca Laton FL 33432 The above named entity submits this statement for the purpose of changing its registered office SIGNATURE FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution (See criteria on back) ...... ,. ... Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition. Delete DIRECTOR TITLE KATHLEIN AMBU*0*6E ☐ Change NAME HAME DAYIO TAMES CONTI STREET ADDRESS STREET ADDRESS 532 EAST OCEAN AVELUE BOYNTON BEACH, FC 33435 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT KRISTEN DAWN CONTI 532 EAST OCEAN AVENU ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition NAME ---NAME. STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE " ☐ Addition TITLE Delete HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE WHE WILL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1:24-00

561-738-66B