


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90026 044 \*\*\*\*70.00

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| <b>DOCUMENT # N48927</b>                       |  |
| 1. Entity Name<br>FRIENDS OF FORT CLINCH, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>2601 ATLANTIC AVE<br>FERNANDINA BEACH, FL 32034-2203 | Mailing Address<br>2601 ATLANTIC AVE<br>FERNANDINA BEACH, FL 32034-2203 |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



02282004 Chg-NP CR2E037 (10/03)

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|-----------------------------|--|
| 4. FEI Number<br>59-3126070 | Applied For<br><input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br>OFELDT, SAMANTHA<br>2601 ATLANTIC BLVD<br>FERNANDINA BEACH, FL 32034 |
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| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>2601 ATLANTIC AVENUE<br>City<br>FL Zip Code |
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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.

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| SIGNATURE <i>Samantha Ofeldt</i><br>Signature, typed or printed name of registered agent and title, if applicable. | DATE 02/23/04<br>(NOTE: Registered Agent signature required when reinstating) |
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|---|---|-----------------------------|--|
| Filing Fee is \$61.25<br>Due by May 1, 2004 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to<br>Florida Department of State |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROBERTS-PRICE, MARY<br>7040 BLACHE ST<br>JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>OFELDT, SAMANTHA<br>PO BOX 6405<br>FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STEWART, TERRY<br>2966 PARK SQUARE PLACE<br>FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WINSTON, JOE<br>P.O. BOX 1737<br>FERNANDINA BEACH, FL 32035 <input type="checkbox"/> Delete                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>OAKLEY, CHRIS<br>620 CAMERILLA TERRACE DRIVE<br>NEPTUNE BEACH, FL 32266 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>WELCH, THOMAS<br>11718 FRANCIS DRAKE DR<br>JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TD<br>Chard, Warren<br>873 N. US Hwy 17<br>Yulee, FL 32097 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Wolfinger Vicki<br>1154 3rd Avenue North<br>Jacksonville Bch, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Griner, Betty J.<br>11701 Cisco Garden Rd.<br>Jacksonville, FL 32219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Griner, Derrell<br>11701 Cisco Garden Rd.<br>Jacksonville, FL 32219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>Welch, Faye<br>11718 Francis Drake Dr.<br>Jacksonville, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Price, Mitch<br>7040 Blache St.<br>Jacksonville, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |

12. 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 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.

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| SIGNATURE: <i>Samantha Ofeldt</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE 02/23/04<br>Phone (904) 491-0897 |
|---|---------------------------------------|