

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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|--|---|---|--|--|--|--|--|
| DOCUMENT # N48927 1. Entity Name FRIENDS OF FORT CLINCH, INC. | | | | | | FILED 05 FEB -4 AM 11:24 JAN 21 2005 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 2601 ATLANTIC AVE FERNANDINA BEACH, FL 32034-2203 | | | | Mailing Address 2601 ATLANTIC AVE FERNANDINA BEACH, FL 32034-2203 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | 01142005 Chg-NP CR2E037 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |
| 4. FEI Number 59-3126070 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent OFELDT, SAMANTHA 2601 ATLANTIC AVE FERNANDINA BEACH, FL 32034 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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 <u>SAMANTHA OFELDT, President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERTS-PRICE, MARY 7040 BLACHE ST JACKSONVILLE, FL 32210 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TOAKY, CHRIS 620 CANEY RD DEPTUNE BEACH, FL 32266 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P OFELDT, SAMANTHA PO BOX 6405 FERNANDINA BEACH, FL 32034 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STEWART, VIRGINIA 3966 PARK SQUARE PLACE FERNANDINA BEACH, FL 32034 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEWART, TERRY 2966 PARK SQUARE PLACE FERNANDINA BEACH, FL 32034 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHARD, DIANE 873 N. US HWY 17 YULEE, FL 32097 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WINSTON, JOE P.O. BOX 1737 FERNANDINA BEACH, FL 32035 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | GRINER, DERRELL 11702 CISO GARDENS RD, N. JACKSONVILLE, FL 32219 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHARD, WARREN 873 N. US HWY 17 YULEE, FL 32097 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | GRINER, BETTY 11702 CISO GARDENS RD, N. JACKSONVILLE, FL 32219 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP WELCH, THOMAS 11718 FRANCIS DRAKE DR JACKSONVILLE, FL 32225 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| 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. | | | | | | | |
| SIGNATURE: <u>[Signature]</u> Treasurer | | | | 1-17-05 241-7523 | | | |



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

February 3, 2005

Mr. Sean Toner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to certify to you that Friends of Fort Clinch State Park, 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. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/pwf

Attachments