


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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|--|--|--|--|---|--|--|--|
| DOCUMENT # N48927 1. Entity Name FRIENDS OF FORT CLINCH, INC. | | | |  | | FILED 06 FEB 20 PM 2: 15 COUNTY 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 Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 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 | | | |
| 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. | | | | 4. FEI Number 59-3126070 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | | | |
| SIGNATURE <u><i>Samantha Ofeldt</i></u> SAMANTHA OFELDT, PRES. 1-29-6 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | | | 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 | T OAKEY, CHRIS 620 CAMELLIA TER DR NEPTUNE BEACH, FL 32266 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5 NANCY OAKEY 620 CAMELLIA TER. DR. NEPTUNE 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 | D CHARD, DIANE PO BOX 874 YULEE, FL 32041 | <input checked="" type="checkbox"/> Change <input 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 | D BLEDSOE, LEE 6170 FAULKNER DR. JACKSONVILLE, FL 32244 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEWART, VIRGINIA 3966 PARK SQUARE PLACE FERNANDINA BEACH, FL 32034 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHARD, WARREN 873 N. US HWY 47 PO BOX 874 YULEE, FL 32092 32041 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP WELCH, THOMAS 11718 FRANCIS DRAKE DR JACKSONVILLE, FL 32225 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u><i>C. L. Oakey</i></u> C. L. OAKEY, Treas. 1-266 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | |
| Date 904-241-7523 | | | | | | | |



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

February 10, 2006

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 the 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.

Attached please find two copies of their Articles of Incorporation. After filing and assigning a document number please forward one stamped copy of the Articles with your correspondence.

If further information is needed feel free to call Phillip Werndli at 245-3098.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/pwj

Attachments