


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # N48927 | |  |
| 1. Entity Name FRIENDS OF FORT CLINCH, INC. | | |

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|---|---|
| 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 - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
07 APR 11 PM 2:33

STATE
ALLAHASSEE, FLORIDA



03042007 Chg-NP CR2E037 (12/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3126070 | Applied For Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent OFELDT, SAMANTHA 2601 ATLANTIC AVE FERNANDINA BEACH, FL 32034 |
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| 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 Samantha Ofeldt 03-04-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

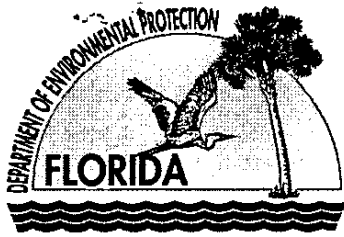
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|---|---|--------------------------------|--|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T OAKLEY, CHRIS 620 CAMELLIA TER DR NEPTUNE BEACH, FL 32266 <input type="checkbox"/> Delete |
| 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 STEWART, TERRY 2966 PARK SQUARE PLACE FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEWART, VIRGINIA 3966 PARK SQUARE PLACE FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHARD, WARREN P.O. BOX 874 YULEE, FL 32041 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S OAKLEY, NANCY 620 CAMELLIA TERR. DR. NEPTUNE BEACH, FL 32266 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Lee Bledsoe 6170 Faulkner Drive Jacksonville, FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Orrin Main 3694 Glynwood Oaks Lane Fernandina, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Deborah Matthews 2040 Wells Rd # 5C Orange Park, FL 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Dan Giannini 1060 Orange Wood Road Fruit Cove, FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Marti Giannini 1060 Orange Wood Road Fruit Cove, FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>PR4/11</u> <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: Samantha Ofeldt 03/04/07 904) 491-0897
Signature and typed or printed name of signing officer or director Date Daytime Phone #



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 6, 2007

Mr. Sean Toner
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

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. 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 Eryn Calabro at the above address, MS 535. If further information is needed feel free to call her at 245-2939.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/edc

Attachments