


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N48927 1. Entity Name FRIENDS OF FORT CLINCH, INC.						FILED 08 MAR 24 PM 1:59 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 - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address 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			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OAKLEY, CHRIS 620 CAMELLIA TER DR NEPTUNE BEACH, FL 32266 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marti Giannini 1060 Orangewood Rd. Fruit Cove, FL 32259 <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 George Berninger 203 S. 18th St. Fernandina, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLEDSOE, LEE 6170 FAULKNER DRIVE JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Priscilla Puckett 2489 Captain Hook Dr. Fernandina, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIN, ORRIN 3694 GLYNWOOD OAKS LANE FERNANDINA, FL 32034 <input type="checkbox"/> Delete			12/3/24 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTHEWS, DEBORAH 2040 WELLS RD #5C ORANGE PARK, FL 32259 <input type="checkbox"/> Delete			12/3/24 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIANNINI, DAN 1060 ORANGEWOOD ROAD FRUIT COVE, FL 32259 <input type="checkbox"/> Delete			12/3/24 <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: <i>Samantha Ofeldt</i>				1/27/8. (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

March 20, 2008

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 that The Friends of Fort Clinch, Inc is a duly authorized citizen support organization under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to Section 617.0122, F.S., this filing is exempt from any fees when certified by this department.

Please call Mary Hanley at 245-3081 if additional information is needed.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/mh

Enclosure