

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N48927**

1. Entity Name

**FRIENDS OF FORT CLINCH, INC.**



FILED

03 FEB 25 AM 11:47

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3126070**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROBERTS-PRICE, MARY  
7040 BLACHE ST  
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name **Samantha Ofeldt**  
Street Address (P.O. Box Number is Not Acceptable)  
**2601 Atlantic Blvd.**  
City **Fernandina Beach** FL Zip Code **32034**

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**  
Signature, typed or printed name of registered agent and title if applicable.

**SAMANTHA OFELDT**

**2-3-3**

(NOTE: Registered Agent signature required when reinstating)

**PRESIDENT**

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RD ROBERTS-PRICE, MARY 7040 BLACHE ST JACKSONVILLE FL 32210</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRES. OFELDT, SAMANTHA PO BOX 6405 FERNANDINA BEACH FL 32034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEWART, TERRY 2966 PARK SQUARE PLACE FERNANDINA BEACH FL 32034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUGHES, JIM RT. 2 BOX 1243 STARKE FL 32091-9529</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD OAKLEY, CHRIS 620 CAMERILLA TERRACE DRIVE NEPTUNE BEACH FL 32266</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP WELCH, THOMAS 11718 FRANCIS DRAKE DR JACKSONVILLE FL 32225</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Welch, Joyce 11718 Francis Drake Dr. Jacksonville, FL 32225</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Winston, Joe P.O. Box 1737 Fernandina Beach, FL 32035</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Wolfiner, Vicki 1154 3rd Ave North Jax Beach, FL 32250</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Price, Mitch 7040 Blache Street Jacksonville, FL 32204</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Wolfiner, Vicki 1154 3rd Ave North Jax Beach, FL 32250</b> <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.

SIGNATURE: **Chris Oakley** **REQUIRE** **CL. OAKLEY, Treasurer** **2-3-3** **241-7523**

CR2E037 (10/02)



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 20, 2003

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. Pursuant to F.S. 617.0122, this filing is exempt from any fee's 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.

Warmest regards,

Wendy Spencer, Director  
Florida Park Service

WS/pwb

Attachments