1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49155

1. Corporation Name

FRIENDS OF THE BALD EAGLE, INC.

Principal Place of Busines	5
1441 GULF COAST DR	
NAPLES FL 34110	
118	

Mailing Address

1441 GULF COAST DR NAPLES FL 34110

US

FILED Mar 11, 1999 8:00 am § Secretary of State

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						2. Data languaged as Ovelified					
2. Principal Pl	Place of Business 2a. Mailing Address 26					3. Date Incorporated or Qualifed 06/01/1992					
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number		App	lied For			
22	27					65-0352367			Not Applicable		
City & State City & State								\$8.75 A	dditional		
28					5. Certificate of Status Desired						
Zip	Country	Zip Cou							5.00 May Be		
24	25 29 30					Trust Fund Contribution		Added to	rees		
	9. Name and Address of Current F	<u></u>		10. Name and Address of New Reg	jistered A	gent					
·-···				81	Name						
STRATON, CHRISTINE DR				82 Street Address (P.O. Box Number is Not Acceptable)							
					0,,000,,100	(
1441 GULF COAST DR NAPLES FL 34110				83							
NAPLES F	L 34110			\sqcup				Ta=1 7:- 0			
				84	City		FL	85 Zip C	ode		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered											
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE	SIGNATURE Stonature, typed or grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
40	Signature, typed or printed name of registered agent a		: Registered	Agent	signature require	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12		
12.	OFFICERS AND	DELETE				ADDITIONO/ONFAIGED TO GITTE	<u> </u>	☐ Change	Addition		
TITLE	PD	☐ DETEIE	1.1 111			•					
NAME	STRATON, CHRISTINE	·									
STREET ADDRESS	s 1441 GULF COAST DRIVE			REET	ADDRESS						
CITY-ST-ZIP	NAPLES FL 34110140			TY-ST	-ZIP				(m) A J J (k)		
TITLE	VD □ DELETE 2.1 T			ΠE	-			☐ Change	Addition		
NAME	GREENBERG, PHYLLIS		2.2 N	ME							
STREET ADDRESS				REET	ADDRESS						
CITY-ST-ZIP				ITY-S1	r-ZIP						
TITLE	VD	☐ DELETE	3.1 TT	TLE		-		Change -	☐ Addition		
NAME	SAYLOR, ALICE		3.2 NA	ME							
STREET ADDRESS	500 E. VALLEY DRIVE		3.3 ST	REET	ADDRESS						
CITY-ST-ZIP	BONITA SPRINGS FL 34134			ITY-S1							
TITLE	SD SD	☐ DELETE	4.1 TI					☐ Change	☐ Addition		
NAME	36			AME							
STREET ADDRESS	AND DUED DE COLUMN AAA				ADDRESS						
CITY-ST-ZIP	NAPLES FL 34104			TY-ST							
TITLE	TD	☐ DELETE	51 TI			,		☐ Change	☐ Addition		
NAME	STRATON, CARTER A		5.2 NA						1		
STREET ADDRESS	STRATUN, CANTEN A			REET	ADDRESS				Ì		
	1441 GOLF COAST DRIVE			TY-ST	-ZIP	•			}		
CITY-ST-ZIP TITLE	WAFLES FL 34110			TLE				Change	Addition		
	D LAMCEN DERDA		6.2 N/	AME		•		-	•		
NAME	JANSEN, DEBRA	D.O. DOV 440			ADDRESS				Ì		
STREET ADDRESS		, r.u. bux 110									
CITY-ST-ZIP	OCHOPEE FL 34141	0 % FP 4		TY-ST		Section 119 07(3)(i) Florida Statutes I fi	uthor cort	ifu that the in	formation		

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 annual report or supplemental annual 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 12 or Block 13 if chapted, or on an attachment with an eddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/99 94 5978849

(11/30)