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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000576 (0)

1. Corporation Name

FRIENDS OF MACLAY GARDENS, INC.

Principal Place of Business	Mailing Address
3540 THOMASVILLE ROAD TALLAHASSEE FL 32308	3540 THOMASVILLE ROAD TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1992
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3165260 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WERNDLI, PHILLIP A
3900 COMMONWEALTH BOULEVARD
DIVISION OF RECREATION AND PARKS
TALLAHASSEE FL 32399-3000

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE	D/S	☒ Change ☐ Addition
NAME	MUCHOVEJ, JIM	1.2 NAME	MUCHOVEJ, JAMES	
STREET ADDRESS	P.O. BOX 6175 N/A	1.3 STREET ADDRESS	RT 4 BOX 4473	
CITY-ST-ZIP	LLOYD FL 32337	1.4 CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	TRAGER, KEN	2.2 NAME		
STREET ADDRESS	3425 MAHONEY DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASEE FL 32308	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DEISON, GLORIA	3.2 NAME		
STREET ADDRESS	3725 BOBBIN MILL	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALL FL 32312	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D/V	☒ Change ☐ Addition
NAME	STUART, BETTY	4.2 NAME	HUTCHINSON, HUTCH	
STREET ADDRESS	1002 KENWORTH	4.3 STREET ADDRESS	3069 CARLOW CIRCLE	
CITY-ST-ZIP	TALL FL 32312	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DV	5.1 TITLE	D/P	☒ Change ☐ Addition
NAME	BACA, ALAN	5.2 NAME	BACA, ALAN	
STREET ADDRESS	3190 PEER CT	5.3 STREET ADDRESS	3190 PEER CT	
CITY-ST-ZIP	TALL FL 32308	5.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DP	6.1 TITLE	D/T	☒ Change ☐ Addition
NAME	KELLENBERGER, LOUIS	6.2 NAME	HORKAN, THOMAS	
STREET ADDRESS	3523 WESTFORD DR	6.3 STREET ADDRESS	2344 LIMERICK DR	
CITY-ST-ZIP	TALL FL 32308	6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: [signature] JAMES MUCHOVEJ 2/08/95 (901) 997-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097N1