


FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

99 APR -5 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N92000000576					
1. Corporation Name FRIENDS OF MACLAY GARDENS, INC.					
Principal Place of Business 3540 THOMASVILLE ROAD TALLAHASSEE FL 32308			Mailing Address 3540 THOMASVILLE ROAD TALLAHASSEE FL 32308		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3165260	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WERNDL, PHILLIP A 3900 COMMONWEALTH BOULEVARD DIVISION OF RECREATION AND PARKS TALLAHASSEE FL 32399-3000				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D/S	<input type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SAN GREGORIO, NELL		1.2 NAME	Trilly Lester			
STREET ADDRESS	3352 PIPING ROCK		1.3 STREET ADDRESS	5432 Paces Mill Road			
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	Tallahassee, FL 32308			
TITLE	D/S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GOLDIE, EDIE		2.2 NAME	Tammy Suber			
STREET ADDRESS	2324 HAVERHILL RD.		2.3 STREET ADDRESS	3510 Giffaly Court			
CITY-ST-ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP	Tallahassee, FL 32308			
TITLE	DV	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NANCY DELL LAWHORN		3.2 NAME	Dr Lovella Krug			
STREET ADDRESS	2024 FOREST GLEN CT.		3.3 STREET ADDRESS	1524 Argonne Road			
CITY-ST-ZIP	TALLAHASSEE FL 32303		3.4 CITY-ST-ZIP	Tallahassee, FL 32312			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DUSSIA, PHYLLIS		4.2 NAME	Gail Harris			
STREET ADDRESS	7000 DUCK COVE RD		4.3 STREET ADDRESS	1742 Armistead Place			
CITY-ST-ZIP	TALLAHASSEE FL 32312		4.4 CITY-ST-ZIP	Tallahassee, FL 32312			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BUCHANAN, MARY DOUG		5.2 NAME	Ellen Lewis			
STREET ADDRESS	6946 STANDING PINES LANE		5.3 STREET ADDRESS	4501 Rockbridge Hollow			
CITY-ST-ZIP	TALLAHASSEE FL 32312		5.4 CITY-ST-ZIP	Tallahassee, FL 32312			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BROWN, PHILLIP		6.2 NAME				
STREET ADDRESS	2049 CHIMNEY SWIFT HOLLOW		6.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32312		6.4 CITY-ST-ZIP				

14. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lovella J. Krug

March 2, 1999

385-7969

0008216

CR2E037 (11/98)