

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N92000000576

1. Entity Name  
FRIENDS OF MACLAY GARDENS, INC.



Principal Place of Business  
3540 THOMASVILLE ROAD  
TALLAHASSEE, FL 32308

Mailing Address  
3540 THOMASVILLE ROAD  
TALLAHASSEE, FL 32308

FILED  
04 MAY 10 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3165260

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, EMMETT  
2806 REBECCA DR  
TALLAHASSEE, FL 32812

Name JONES, WARREN  
Street Address (P.O. Box Number is Not Acceptable)

2443 BASS DRIVE

City TALLAHASSEE FL Zip Code 32309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/04

Filing Fee is \$61.25  
Due by May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME MITCHELL, EMMETT  
STREET ADDRESS 1514 CRISTOBAL DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE P ☒ Change ☐ Addition  
NAME JONES, WARREN  
STREET ADDRESS 2443 BASS DR.  
CITY-ST-ZIP TALLAHASSEE FL. 32309

TITLE VP ☒ Delete  
NAME JONES, WARREN  
STREET ADDRESS 2443 BASS DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE VP ☒ Change ☐ Addition  
NAME WALLACE, SUSAN  
STREET ADDRESS 2345 CLARE DR.  
CITY-ST-ZIP Tallahassee, FL. 32309

TITLE DT ☒ Delete  
NAME PREBLE, DEBRA  
STREET ADDRESS 6631 PISGAH CHURCH ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE DT ☒ Change ☐ Addition  
NAME Sheffield, DIANE  
STREET ADDRESS 1291 Tallahassee, FL  
CITY-ST-ZIP Havana, FL. 32333

TITLE RS ☒ Delete  
NAME WALLACE, SUSAN  
STREET ADDRESS 2345 CLARE DR  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE RS ☒ Change ☐ Addition  
NAME DENNIS, CRAIG  
STREET ADDRESS 6335 PROCTOR RD.  
CITY-ST-ZIP Tallahassee, FL. 32308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Diane Sheffield DIANE SHEFFIELD

4/14/04

850-298-4328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

May 3, 2004

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 Maclay Gardens, 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 fees 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.

Sincerely,

Mike Bullock  
Director  
Florida Park Service

MB/jp

Attachments