
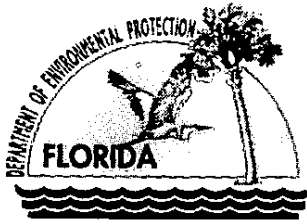


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N93000002134</b> 1. Entity Name HONTOON ISLAND FOUNDATION CSO, INC.						FILED 06 APR 26 PM 2: 24 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2309 RIVER RIDGE ROAD DELAND, FL 32720				Mailing Address 2309 RIVER RIDGE ROAD DELAND, FL 32720			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  BULL, CHARLES 615 BERT FISH DR DELAND, FL 32724				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 <u>CH BULL</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3/23/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BULL, CHARLES 615 BERT FISH DR DELAND, FL 32724			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHLIENZ, JIM 107 MEDINA RD DEBARY, FL 32713			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V READ, James 244 Angeles Rd. DeBary, FL 32713		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CEELY, MARY ELLEN 56 FERNWOOD TRAIL DELAND, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Caudell, LINDA 24 Pine Glen Dr DeBary, FL 32713		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D READ, JAMES 244 ANGELS RD DEBARY, FL 32713			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D READ, CHERYL 244 Angeles Rd. DeBary, FL 32713		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHLIENZ, JOANNE 107 MEDINA RD. DEBARY, FL 32713			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHELLENBERG, DICK 825 JUTLAND ST DELTONA, FL 32725			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u>Linda K Caudell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>3/23/06</u> DAYTIME PHONE # <u>386-822-8871</u>			



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

April 24, 2006

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 Hontoon Island Foundation CSO, 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/pwf

Attachments