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TALLAHASSEE, FLORIDA

000673?

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003176**

1. Corporation Name
FRIENDS OF FLORIDA STATE PARKS, INC.

Principal Place of Business	Mailing Address
C/O DEPT. OF ENV. PROT. 3900 COMMONWEALTH BLVD. MS535 TALLAHASSEE FL 32399	P.O. BOX 6633 TALLAHASSEE FL 32314-6633

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/15/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3207818 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

WERNDLI, PHILLIP A
FL. DEPT. OF ENVIRONMENTAL PROTECTION
3900 COMMONWEALTH BLVD. MS 535
TALLAHASSEE FL 32399

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 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 _____ 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	D	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRACE, WILLIAM H		1.2 NAME		
STREET ADDRESS	1326 MELALEUCA LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		1.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DELABY, IRENE		2.2 NAME		
STREET ADDRESS	POST OFFICE BOX 2855 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34447		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KIMBELL, ELSA		3.2 NAME		
STREET ADDRESS	911 N POMPANO		3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, MITZI		4.2 NAME		
STREET ADDRESS	RT. 2 BOX 441		4.3 STREET ADDRESS		
CITY-ST-ZIP	MCCLENNY FL 32063		4.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	5.1 TITLE	TD	☑ Change ☐ Addition
NAME	WARMACK, ELEANOR		5.2 NAME	William H. Grace	
STREET ADDRESS	411 OFFICE PLAZA DR		5.3 STREET ADDRESS	1326 Melaleuca Lane	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	P	☑ DELETE	6.1 TITLE	PD	☑ Change ☐ Addition
NAME	PENNECAMP, TOM		6.2 NAME	Terry Watterson	
STREET ADDRESS	6710 LEJUNE RD		6.3 STREET ADDRESS	4100 ACA Blvd	
CITY-ST-ZIP	CORAL GABLES FL 33143		6.4 CITY-ST-ZIP	Palm Beach Gardens, Flrd 33410	

2/12/99

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: _____ 2/9/99 (941) 334-8851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)