


FILED

04 MAR 23 PM 5:44

TALLAHASSEE, FLORIDA

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # N93000005017</b>			
1. Entry Name FRIENDS OF THE MYAKKA RIVER, INC.			
Principal Place of Business 1930 CLEMATIS ST SARASOTA, FL 34239		Mailing Address 1930 CLEMATIS ST SARASOTA, FL 34239	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0448875		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JELKS, MARY L 1930 CLEMATIS ST SARASOTA, FL 34239		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-STATE-ZIP	PD WILCOX, LEAH 1312 SOUTH ORANGE AVE SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD Richardson, Bob <input type="checkbox"/> Change <input type="checkbox"/> Addition 635 S Orange Ave Sca 16 SARASOTA FL 34236
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV HERZOG, CLAIRE 2770 LENA LANE SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD COMORA, DWEN <input type="checkbox"/> Change <input type="checkbox"/> Addition 3310 Sandieheath SARASOTA FL 34235
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD PERRY, BELINDA 4321 MAC EACHEN BLVD SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MC JELKS, MARY L 1930 CLEMATIS ST SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD RHODES, CHERYL 2381 FRUITVILLE RD SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TR Rhodes, Cheryl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10204 Woodborne Pl. Bredenton FL 34202
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 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 persons empowered.			
SIGNATURE: <u>Mary L Jelks</u>		Date: <u>Jan 08, 2004</u> (941) 366-0446	

3/23



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

March 26, 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 Myakka River, 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