

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005017

1. Entity Name
FRIENDS OF THE MYAKKA RIVER, INC.



FILED

06 APR 26 PM 1:57

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

01122006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0448875

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JELKS, MARY L
1930 CLEMATIS ST
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee Is \$61.25
Due by May 1, 2006

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, BOB	
STREET ADDRESS	635 S ORANGE AVE STE 16	
CITY- ST- ZIP	SARASOTA, FL 34236	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COMORA, OWEN	
STREET ADDRESS	3310 SANDLEHEARTH	
CITY- ST- ZIP	SARASOTA, FL 34235	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PERRY, BELINDA	
STREET ADDRESS	4321 MAC EACHEN BLVD	
CITY- ST- ZIP	SARASOTA, FL 34233	
TITLE	MC	<input type="checkbox"/> Delete
NAME	JELKS, MARY L	
STREET ADDRESS	1930 CLEMATIS ST	
CITY- ST- ZIP	SARASOTA, FL 34239	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RHODES, CHERYL	
STREET ADDRESS	10204 WOODBORNE PL	
CITY- ST- ZIP	BRADENTON, FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Johnson	
STREET ADDRESS	One North Tuttle Avenue	
CITY- ST- ZIP	Sarasota, FL 34237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: Cheryl Rhodes Treasurer 1/19/06 941 365-0900
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

April 6, 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 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