2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 16, 2008 8:00 am Secretary of State DOCUMENT # N9400005873 05-16-2008 90019 018 ****70.00 FRIENDS OF BROOKER CREEK PRESERVE, INC. Principal Place of Business Mailing Address 3620 FLETCH HAVEN DR. 3620 FLETCH HAVEN DR. TARPON SPRINGS, FL 34688 TARPON SPRINGS, FL 34688 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05062008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-3302182 Applied For City & State Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHACHTER, MARTIN 919 LUCAS LÂNE OLDSMAR, FL 34677 TARPON SPRINGS 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 red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Make check payable to Trust Fund Contribution. Florida Department of State Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE С Detete TITLE Change ☐ Addition HOSKINS, WALT NAME NAME 3100 LAKE PINE WAY S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34685 CITY-ST-ZIP TD TITLE TITLE Delete ☐ Change ☐ Addition SCHACHTER, MARTIN NAME NAME 919 LUCAS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP VC VD TITLE Detete TITLE Change ☐ Addition FOSTER, CATHERINE NAME NAME 1621 MORNING DOVE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34688 CITY-ST-ZIP VO TITLE ☐ Delete TITI F Change ☐ Addition NAME HOFFMAN, BARBARA NAME STREET ADDRESS 216 GEORGE ST. S. STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34688 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Allyn Childress NAME NAME 365 waterford Circle W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>TARPON SPR</u> TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

Daytime Phone 4