2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N94000005873

Entity Name: FRIENDS OF BROOKER CREEK PRESERVE, INC.

Current Principal Place of Business:

3620 FLETCH HAVEN DR.
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

3620 FLETCH HAVEN DR.
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3302182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, CATHERINE
1621 MORNING DOVE LN
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: FOSTER, CATHERINE
Address: 1621 MORNING DOVE LANE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VD ( ) Delete
Name: HOFFMAN, BARBARA
Address: 216 GEORGE ST. S
City-St-Zip: TARPON SPRINGS, FL 34688

Title: CD ( ) Delete
Name: CHILDRESS, ALLYN
Address: 365 WATERFOLD CIR W
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TD ( ) Delete
Name: NICHTER, KARL
Address: 4788 POLARIS CT
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change ( ) Addition
Name: CHILDRESS, ALLYN
Address: 17505 HUNTING HAWK TRAIL
City-St-Zip: ODESSA, FL 33556

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL NICHTER TREA 04/06/2009

Electronic Signature of Signing Officer or Director — Date