

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90004 004 \*\*\*\*61.25

**DOCUMENT # N95000000664**

1. Entity Name  
**FRIENDS OF HISTORIC ROSELAND, INC.**



Principal Place of Business

7820 129 STREET  
ROSELAND, FL 32957 US

Mailing Address

P.O. BOX 201  
ROSELAND, FL 32957 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292008

Chg-NP

CR2E037 (12/06)

4. FEI Number

65-0558314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VANDEVOORDE, RENE' G**  
**1327 N CENTRAL AVENUE**  
**SEBASTIAN, FL 32958**

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, 2008**

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 **PRES** ☒ Delete  
NAME **HEDMAN, PATRICIA**  
STREET ADDRESS **PO BOX 236**  
CITY-ST-ZIP **ROSELAND, FL 32957**

TITLE **TD** ☒ Delete  
NAME **WILLHOFF, RICHARD L**  
STREET ADDRESS **PO BOX 82**  
CITY-ST-ZIP **ROSELAND, FL 32957**

TITLE **SD** ☒ Delete  
NAME **REICHERT, SHERRI**  
STREET ADDRESS **13415 INDIAN RIVER DRIVE**  
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **VP** ☒ Delete  
NAME **RICHARDSON, KELLY**  
STREET ADDRESS **PO BOX 236**  
CITY-ST-ZIP **ROSELAND, FL 32957**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES** ☐ Change ☒ Addition  
NAME **CARVEY, DAVE**  
STREET ADDRESS **PO Box 1**  
CITY-ST-ZIP **Roseland, FL 32957**

TITLE **TD** ☐ Change ☒ Addition  
NAME **TERRY CADLE**  
STREET ADDRESS **PO Box 1150**  
CITY-ST-ZIP **Roseland, FL 32957**

TITLE **SD** ☐ Change ☒ Addition  
NAME **MEARZ, DEBBIE**  
STREET ADDRESS **13275 N Indian River Dr.**  
CITY-ST-ZIP **Sebastian, FL 32958**

TITLE **VP** ☐ Change ☒ Addition  
NAME **WOODALL, ROY**  
STREET ADDRESS **7895 134th St.**  
CITY-ST-ZIP **Sebastian, FL 32958**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

772-766-3137

Daytime Phone #