FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED 1 of 2 AND FILED

96 APR -8 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001823 (2)

1. Corporation Name

FRIENDS OF RAVINE GARDENS, INC.

Principal Place of Business
1600 TWIGG STREET
PALATKA FL 32177

Mailing Address
1600 TWIGG STREET
PALATKA FL 32177

3. Date Incorporated or Qualified: 04/17/1995

3a. Date of Last Report:

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: 59-3322809 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MISAMORE, EVELYN
1600 TWIGG STREET
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE 2-13-96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HANCOCK, WILLIAM B	
STREET ADDRESS	1400 HARGROVE ST.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	☐ DELETE
NAME	HERSEY, DON L	
STREET ADDRESS	106 POINT OF WOODS TRAIL	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	☐ DELETE
NAME	CONLEE, LEON	
STREET ADDRESS	1614 MOSELEY AVE.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	HEDSTROM, DAVID	
2.3 STREET ADDRESS	601 ST. JOHNS AVE.	
2.4 CITY-ST-ZIP	PALATKA, FLORIDA 32177	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

AP 4/8

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Evelyn Misamore, S Evelyn Misamore — 2-13-96 — 904-329-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)