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Mar 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001823 (2)**

1. Corporation Name

**FRIENDS OF RAVINE GARDENS, INC.**

Principal Place of Business

**1800 TWIGG STREET  
PALATKA FL 32177**

Mailing Address

**1600 TWIGG STREET  
PALATKA FL 32177**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/17/1995**

4. FEI Number

**59-3322898**

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

**LINDA STRATMAN**

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

**1600 TWIGG ST**

83 P.O. Box

**1096**

84 City

**Palatka**

FL

85 Zip Code

**32178**

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 **Linda Stratman (Sgt)**

**3/4/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **HANCOCK, WILLIAM B**  
STREET ADDRESS **1400 HARGROVE ST.**  
CITY - ST - ZIP **PALATKA FL 32177**

TITLE ☐ DELETE

NAME **HEDSTROM, EDWARD**  
STREET ADDRESS **601 ST JOHNS AVE**  
CITY - ST - ZIP **PALATKA FL 32177**

TITLE ☒ 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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Linda Stratman**

SIGNATURE:

**3/4/98**

**329-3788**

Daytime Phone # **00000000**

CR2E037 (10/97)