## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 23 1998 8:00am
Secretary of State

DOCUMENT # N9500001823 (2)					
FRIENDS OF RAVINE GARDENS, INC.					
Principal Place of Business Mailing Address					
1800 TWIGG STREET 1600 TWIGG STRE				3. Date Incorporated or Qualified	
PALATKA FL 32177 PALATKA FL 32177				04/17/1995	
				4. FEI Number Applied For	
2. Principal Place of Business		2a. Mailing Address		59-3322898 Not Applicable  5 Confidence of Status Popings	
21		26		5. Certificate of Status Desired 58.75 Additional Fee Regulred	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State		City & State		Trust Fund Contribution Added to Fees  7. Is this nonprofit corporation a homeowners association?	
23		28	,	☐ Yes ☐ Vyo	
Zip 24	Country	Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Y Yes No	
	9. Name and Address of Curren		[30]	10. Name and Address of New Registered Agent	
			81 Name	LINDA STRATMAN)	
			82 Street A	ddress (P.O. Box Number is Not Assertable)	
Be all the state of the state o			83	0 Box 10010	
84			84 City	) 1 1 1 m. 85 Zip-Ceda-0	
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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 are lappliar with, and accept the poligations of, Section 617.0503, Florida Statutes.					
SIGNATURE		ithan (	Slet !	3/4/98	
12.	Signature, typed or printed name of registered age	ent and sitle if applicable (NO D DIRECTORS	TÉ: Registered Agent signaturs r	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		
NAME	HANCOCK, WILLIAM B		1.2 NAME	D TED MACGIBBON Change Lipadotton	
STREET ADDRESS	1400 HARGROVE ST.		1.3 STREET ADDRESS	419 Emmett ST 20177	
CITY-ST-ZIP	PALATKA FL 32177	☐ DELETE	1.4 CITY - ST - ZIP	Polotka Fla Sal 1	
TITLE NAME	HEDSTROM, EDWARD		2.1 TITLE 2.2 NAME	Change Addition	
STREET ADORESS	601 ST JOHNS AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177	/	2.4 CITY-ST-ZIP	/	
TITLE	D	Y DELETE	3.1 TITLE	Change Addition	
NAME	CONLEE, LEON		3.2 NAME	Joyce CONLee Lirchange Li Addition	
STREET ADDRESS	1614 MOSELEY AVE.		3.3 STREET ADDRESS	1614 MDSELEY BUCKER	
CITY-ST-ZIP	PALATKA FL 32177	DELETE	3.4. CITY-ST-ZIP	Change Addition	
TITLE		Can OCCETE	4.1 TITLE	Change	
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		this ship divine where made or with a	6.4 CITY-ST-ZIP	d in Castian 440 07/21(i) Florida Castutas I further contife that the information	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 cath; that I am an officer or director of the corporation or the receiver or flustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my parts appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

GNATURE:

3/4/9/8/33788