2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

					7	(Ju Cr	٠,	
DOCUMENT # N95000001823 1. Entity Name				行為	FILED 04 APR 28 AM 9: 00				
FRIENDS OF RAVINE GARDENS, INC.					GUGEL DAMY SO AYATE				
Principal Place of Business Mailing Address					-	TALLAH	ASSEE, 1	LORIDA	1
1600 TWIGG STREET PALATKA FL 32177		1600 TWIGG STREET PALATKA FL 32177							
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			М	OORE	CR2E037	(11/03)	
City & State		City & State		4. FEI Number 5	9-332289	8	 	olied For Applicable	
Zip	Country	Zip	Country		5. Certificate of St.		ام ليا ام	8.75 Addi ee Required	
	6. Name and Address of Current	Registered Agent	ered Agent Name		7. Name and Add	ress of New F	Registered A	gent	
DRIGGERS, DOT									
151 EAST RIVER ROAD EAST PALATKA FL 32131			30	Street Address (P.O. Box Number is Not Acceptable)					
	-		Cil			·	FL	Zip Code	<u> </u>
	named entity submits this statement for	or the purpose of changing its	registered of	fice or register	red agent, or both, in	the State of FI	orida. I am fa	miliar with,	and accept
the obligat	ions of registered agent.							and the	:
SIGNATURE	Stgnature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ager	nt signature required	d when reinslating)		DATE		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees		ake Check da Departi		
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIR	ECTORS IN	10
TITLE	DRIGGERS, DOT	☐ Delete	TITLE	7	-110 R	20.00	0 N	Change	Addition
NAME STREET ADDRESS	PO BOX 72	0 POV 70		DRESS 10	ENC Be	18461V	A Ve	_	
CITY-ST-ZIP	AST PALATKA FL 32177		CITY-ST-Z		2 Wate	FL	۱ ′ ح	218	9
TITLE	D HENDRICKS, EDWARD	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	PO BOX 215		NAME STREET ADI	DRESS					!
CITY-ST-ZIP	PALATKA FL 32178		CITY-ST-Z	1					
TITLE	D DETTY	⊠ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	LEMMOND, BETTY		NAME	I				-	į
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-Z	1					
TITLE	D UPOTER III.	☐ Delete	TITLE					☐ Change	Addition
NAME CTOSET ADDRESS	HESTER, JIM 319 TARPON BLVD		NAME STREET AD	DDC00					
STREET ADDRESS CITY-ST-ZIP	PALATKA FL 32177		STREET ADI	· ·					
TITLE	D CARRETT W.A.	☐ Delete	TITILE					☐ Change	☐ Addition
NAME	GARRETT, W A 314 RUSTIC ROAD		NAME		\ \A.	120			
STREET ADDRESS CITY-ST-ZIP	SATSUMA FL 32189		STREET ADI	I	MI	Mrs			
TITLE	PCSO MENGEL, ADAM	☐ Delete	TITLE		$-\psi$			☐ Change	☐ Addition
NAME	2920 SILVER LAKE DRIVE		NAME STREET AD	narec	•				
STREET ADDRESS CITY-ST-ZIP	PALATKA FL 32177		STREET AD						
12. I hereby	certify that the information supplied wit	n this filing does not qualify for	the exemption	on stated in Se	ection 119.07(3)(i), Flo	orida Statutes.	I further certi	fy that the in	formation

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:

Description:

SIGNATURE AND TYPE AND TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Date:

Date:

Date:

Date:

Date:

Dayline Phone #



Department of Environmental Protection

Jeb Bush Governor Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

Colleen M. Castille Secretary

April 23, 2004

Mr. Sean Toner Division of Corporations Florida Department of State 409 East Gaines Street Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to certify to you that the Friends of Ravine Gardens, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122. This filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,
Mille Bullock

Mike Bullock Director

Florida Park Service

MB/pwf

Attachments