

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000001823

1. Entity Name  
FRIENDS OF RAVINE GARDENS, INC.



Principal Place of Business  
1600 TWIGG STREET  
PALATKA, FL 32177

Mailing Address  
1600 TWIGG STREET  
PALATKA, FL 32177

FILED  
06 APR 26 PM 2:23  
TALLAHASSEE, FLORIDA



03062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number  
59-3322898

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DRIGGERS, DOT  
151 EAST RIVER ROAD  
EAST PALATKA, FL 32131

**DO NOT WRITE  
IN THIS SPACE**

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

*Dot Driggers* **Dot DRIGGERS**

*3/6/06*

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FC  
DRIGGERS, DOT  
PO BOX 72  
EAST PALATKA, FL 32177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HENDRICKS, EDWARD  
PO BOX 215  
PALATKA, FL 32178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERGERON, IRENE  
122 WATERWAY AVE  
SATSUMA, FL 32189

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GARRETT, W A  
314 RUSTIC ROAD  
SATSUMA, FL 32189

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCSO  
MENGEL, ADAM  
2920 SILVER LAKE DRIVE  
PALATKA, FL 32177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Adam Mengel* **ADAM MENGEL**

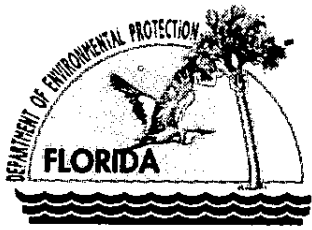
*3/6/06*

*386-329-3721*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

April 24, 2006

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,

Mike Bullock  
Director  
Florida Park Service

MB/pwf

Attachments