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

N95000002160 (8) DOCUMENT # 1. Corporation Name

FRIENDS OF GUANA RIVER STATE PARK, INC.

PM #8 25 間 9: 25

Principal Place o	f Business	Mailing Address							
2690 S. PONTE VEDRA BLVD. PONTE VEDRA BCH. FL 32082		2690 S. Ponte Vedra BLVD. Ponte Vedra BCH. Fl 32082				. 			
						 Date Incorporated or Qualified 05/01/1995 	3a. C	Date of Last Re	
2. Principal Plac	e of Rusiness	2a. Mailing Address				4. FEI Number			oplied For
 -	Je Or Business	26			59-3301477	V 4 77 Not Applicable			
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	M	\$8.75 Additional Fee Required		
City & State		City & State		=		Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country		Zip Country 29 30			8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes [] Yes No				
24	9. Name and Address of Current		1301	T		10. Name and Address of New Ro	egistere	d Agent	
	g. Name and Address of Content	t riegistered rigen.		81	Name				
						ddress (P.O. Box Number is Not Acceptabl	<u></u>		
MELVIN,	JEAN		82 Street Addre			paress (F.O. Box Namber is Not Acceptable	٠,		
2690 S.	PONTE VEDRA BLVD.			B3					
PONTE V	/EDRA BCH. FL 32082			Ш				- Tap 7:0	Codo
				84	City		F	L 85 Zio	Code
		- 1047 1500 Florido Stati	iton the abo	0.49.10	amed cor	poration submits this statement for the pur	pose of c	changing its re	gistered office
				corpc	xation's b	oard of directors. Thereby accept the appoint	pintment	as registered a	agent. I am
familiar with	h, and accept the obligations of, Secti	ion 617.0503, Florida Statute	es.						
SIGNATURE _						juirod when reinstating	DATE		·
	Signature, typed or printed name of registered agent OFFICERS ANI		13.		; signature rec	ADDITIONS/CHANGES TO OFF	CFRS A	NO DIRECTOR	RS IN 12
12.		DELETE		TITLE	T			Change	Addition
THILE	D	Detter		NAME	Ì				
NAME .	MELVIN, JEAN				ADDRESS				
STREET ADDRESS	2860 PELLICER RD.			CITY-S					
DITY-ST-ZIP	ST. AUGUSTINE FL 32092	X OELETE		UIIV-S TITLE	1-212	T/D		Change	Addition
TITLE	D	Mocrese		NAME		HEIKE CHAREST			
NAME	KLEIN, ELLEN	***	•		LODDECE	110 NEPTUNE RD.			
STREET ADDRESS	110 OCEAN HOLLOW LANE	, #315			- 1	ST, AUGUSTINE, FL	3つ	086	
DITY-ST-ZIP	ST. AUGUSTINE FL 32095	STA DCLETC		CITY-S	31 - ZIP			Change	Addition
TITLE	D	™ DELETE		TITLE	Ì	JERRY HARRISON		_ ,	
NAME	BATER, JO		1	NAME		43 QUAIL LN.			
STREET ADDRESS	622 PONTE VEDRA BLVD., I	D-1			FADDRESS	Trades Mills Bell	Ci	37751	n
DITY-ST-ZIP	PONTE VEDRA BCH. FL 320)82			ST-ZIP	JACKSONVILLE BCH,	7 2	Change	Addition
TITLE	D	DELETE		TITLE					_
NAME	Hester, randall			2 NAME					
STREET ADDRESS	2690 S. PONTE VEDRA BLV	D.			f address				
CITY-ST-ZIP	PONTE VEDRA BCH. FL 320	082		CITY-S	ST-2IP			Change	Addition
TITLE	D	DELETE		TITLE					
NAME	HARRISON, LINDA			NAME					
STREET ADDRESS	43 QUAIL LANE		I .		T ADDRESS				
CHTY-ST-ZIP	JACKSONVILLE BCH FL 32	250		CITY-	\$T-ZIP			Change	☐ Addition
TITLE	D	DELETE		TITLE				Th Analige	
NAME	GILBERT, GREG		6.2	NAME					
STREET ADDRESS	142 ONEIDA ST		6.3	STREE	ET ADDRESS		<i>C</i>	CC 4.5	S. 91.
CITY-ST-7IP	ST. AUGUSTINE FL 32084		6.4	4 CITY	ST-ZIP	(No Fee Requirement) alify for the exemption stated in Section 11:	<u> </u>	(4-2	too I further
14 I do boro	by certify that the information supplied	with this filing is voluntarily t	furnished an	nd do	es not qua	alify for the exemption stated in Section 11	∌.07(3)(k)	, Florida Statu	tes. 1 lurther if made under

Too hereby certify that the information supplied with this limit is voluntarily furnished and does not qualify for the examption stated in doctor in 1907 (a)(i), honder databases, honder 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 12 if changed, or on an attachment with an address.

SIGNATURE: JEAN MELVIN MAR. 20, 1996 904.824.1972





#N95000002160

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 22, 1996

Mr. David Mann, Director Division of Corporations Department of State Post Office Box 6327 Tallahassee, Florida 32314

Dear Mr. Mann:

This letter is to certify to you that the Friends of Guana River State Park, 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.

Sincerely,

Fran P. Mainella, CLF

Director

Division of Recreation and Parks

FPM/pwc