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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002160 (8)

1. Corporation Name

FRIENDS OF GUANA RIVER STATE PARK, INC.

Principal Place of Business

2690 S. PONTE VEDRA BLVD.  
PONTE VEDRA BCH. FL 32082

Mailing Address

2680 S. PONTE VEDRA BLVD.  
PONTE VEDRA BCH. FL 32082-4524

3. Date Incorporated or Qualified  
05/01/1995

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-3301477

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for Intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELVIN, JEAN  
2690 S. PONTE VEDRA BLVD.  
PONTE VEDRA BCH. FL 32082

81 Name

Harrison, Jerry

82 Street Address (P.O. Box Number is Not Acceptable)  
2690 S. Ponte Vedra Blvd.

83

84 City

Ponte Vedra Beach

FL

85 Zip Code

32082

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

Jerry Harrison, President

1-14-97

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME MELVIN, JEAN  
STREET ADDRESS 2880 PELLICER RD.  
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE TD ☒ DELETE  
NAME CHAREST, HEIKE  
STREET ADDRESS 110 NEPTUNE RD.  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE VD ☐ DELETE  
NAME HARRISON, JERRY  
STREET ADDRESS 43 QUAIL LN.  
CITY-ST-ZIP JACKSONVILLE BCH. FL 32250

TITLE D ☐ DELETE  
NAME HESTER, RANDALL  
STREET ADDRESS 2690 S. PONTE VEDRA BLVD.  
CITY-ST-ZIP PONTE VEDRA BCH. FL 32082

TITLE D ☐ DELETE  
NAME HARRISON, LINDA  
STREET ADDRESS 43 QUAIL LANE  
CITY-ST-ZIP JACKSONVILLE BCH FL 32250

TITLE D ☒ DELETE  
NAME GILBERT, GREG  
STREET ADDRESS 143 ONEIDA ST.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/D ☐ Change ☒ Addition  
1.2 NAME Zaborsky, Pat  
1.3 STREET ADDRESS 2415 S. Ponte Vedra Blvd.  
1.4 CITY-ST-ZIP S. Ponte Vedra Beach, FL 32082

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME deSelding, Bert  
2.3 STREET ADDRESS 9003 Lake Kathryn Drive  
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

3.1 TITLE P/D ☒ Change ☐ Addition  
3.2 NAME Harrison, Jerry  
3.3 STREET ADDRESS 43 Quail Lane  
3.4 CITY-ST-ZIP Jacksonville Beach, FL 32250

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE S/D ☐ Change ☒ Addition  
6.2 NAME Ellis, Inez  
6.3 STREET ADDRESS 809 Davis Street  
6.4 CITY-ST-ZIP Neptune Beach, FL 32266

14. I do 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda Harrison

Linda Harrison

1-16-97

(904) 825-5071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001118

CR2E037 (9/96)



N95000002160

PJ 2 of 2

## Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

March 27, 1997

Mr. David Mann, Director  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, FL 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, CLP  
Director  
Division of Recreation and Parks

FPM/paw  
Attachments

a:cert.ltr