

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

10F2

98 FEB 26 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2690 S. PONTE VEDRA BLVD. PONTE VEDRA BCH. FL 32082
---	---

3. Date Incorporated or Qualified

05/01/1995

4. FEI Number

59-3301477

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent HARRISON, JERRY 2690 S. PONTE VEDRA BLVD. PONTE VEDRA BCH. FL 32082	
---	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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

Jerry Harrison

2-1-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> DELETE
NAME	ZABORSKY, PAT
STREET ADDRESS	2415 S. PONTE VEDRA BLVD.
CITY-ST-ZIP	S. PONTE VEDRA BEACH FL 32082
TITLE	D <input type="checkbox"/> DELETE
NAME	DESELDING, BERT
STREET ADDRESS	9003 LAKE KATHRYN DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	PD <input type="checkbox"/> DELETE
NAME	HARRISON, JERRY
STREET ADDRESS	43 QUAIL LN.
CITY-ST-ZIP	JACKSONVILLE BCH. FL 32250
TITLE	D <input type="checkbox"/> DELETE
NAME	HESTER, RANDALL
STREET ADDRESS	2690 S. PONTE VEDRA BLVD.
CITY-ST-ZIP	PONTE VEDRA BCH. FL 32082
TITLE	D <input type="checkbox"/> DELETE
NAME	HARRISON, LINDA
STREET ADDRESS	43 QUAIL LANE
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	ELLIS, INEZ
STREET ADDRESS	809 DAVIS STREET
CITY-ST-ZIP	NEPTUNE BEACH FL 32266

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DeSelding, Bert
2.3 STREET ADDRESS	9003 Lake Kathryn Dr.
2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VJO Harrison Jerry
3.3 STREET ADDRESS	43 Quail Lane
3.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Jerry Harrison* **2-1-98** **9003 Lake Kathryn Dr.**

CR2E037 (10/97)



N95000002160 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

February 26, 1998

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