2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000003781 FILED FRIENDS OF WAKULLA SPRINGS STATE PARK, INC. 07 APR 30 PH 12: 47 Principal Place of Business James 1 Age of STATE Mailing Address 550 WAKULLA PARK DR 550 WAKULLA PARK DR TALLAHASSEE, FLORIDA WAKULLA SPRINGS, FL 32327-0390 WAKULLA SPRINGS, FL 32327-0390 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Numbe 59-3375905 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER-HANSON, DELLA 550 WAKULLA PARK DR. Street Address (P.O. Box Number is Not Acceptable) WAKULLA SPRINGS, FL 32305 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 П Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change ☐ Addition TITL F ☐ Delete KENNEDY, ANN NAME NAME 450 ROCK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE, FL 32327 CITY-ST-ZIP Delete TITLE ☐ Change Addition CARR, MADELEINE NAME NAME 223 IROQUOIS ROAD STREET ADDRESS STREET ADDRESS CRAWFORDVILLE, FL 32327 CITY-ST-7IP CSTY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME PARKER-HANSON, DELLA NAME STREET ADDRESS 14 EGRET STREET STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE, FL 32327 CITY-ST-ZIP ■ Addition TITLE □ Delete TITS F ☐ Change THOMPSON, TRUDY NAME NAME STREET ADDRESS 46 THOMPSON DRIVE STREET ADDRESS CRAWFORDVILLE, FL 32327 CITY-ST-ZIP CITY-ST-ZZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 charged, or on an attackment with an address, with all other like empowered. M. **SIGNATURE:** Cate Daytme Phone



Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

April 27, 2007

Mr. Sean Toner Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify to you that the Friends of Wakulla Springs 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. 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 Eryn Calabro at the above address, MS 535. If further information is needed feel free to call her at 245-2939.

Sincerely, Mike Bullock

Mike Bullock Director

Florida Park Service

MB/edc

Attachments