

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 17, 2008 8:00 am**  
**Secretary of State**

06-17-2008 90002 024 \*\*\*\*61.25

<b>DOCUMENT # N95000003781</b> 1. Entity Name <b>FRIENDS OF WAKULLA SPRINGS STATE PARK, INC.</b>					
Principal Place of Business <b>550 WAKULLA PARK DR WAKULLA SPRINGS, FL 32327-0390</b>			Mailing Address <b>550 WAKULLA PARK DR WAKULLA SPRINGS, FL 32327-0390</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3375905</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PARKER-HANSON, DELLA 550 WAKULLA PARK DR. WAKULLA SPRINGS, FL 32305</b>				7. Name and Address of New Registered Agent Name <b>Ron Piasecki</b> Street Address (P.O. Box Number is Not Acceptable) <b>550 Wakulla Park Drive</b> City <b>Wakulla Springs</b> FL Zip Code <b>32327-0380</b>	
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 <u><i>Ron Piasecki</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>6/14/2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, ANN <input type="checkbox"/> Delete 450 ROCK ROAD CRAWFORDVILLE, FL 32327			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER-HANSON, DELLA <input checked="" type="checkbox"/> Delete 14 EGRET STREET CRAWFORDVILLE, FL 32327			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, TRUDY <input type="checkbox"/> Delete 46 THOMPSON DRIVE CRAWFORDVILLE, FL 32327			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ron Piasecki <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 137 Royster Drive Crawfordville, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Montford <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 128 Summerwind Circle East Crawfordville, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Ron Piasecki</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>6/14/2008</u> <small>Daytime Phone #</small>	