2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N95000003781

Entity Name: FRIENDS OF WAKULLA SPRINGS STATE PARK, INC.

Current Principal Place of Business:

550 WAKULLA PARK DR
WAKULLA SPRINGS, FL 323270390

New Principal Place of Business:

Current Mailing Address:

550 WAKULLA PARK DR
WAKULLA SPRINGS, FL 323270390

New Mailing Address:

FEI Number: 59-3375905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIASECKI, RON
550 WAKULLA PARK DR.
WAKULLA SPRINGS, FL 32305 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KENNEDY, ANN
Address: 450 ROCK ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: THOMPSON, TRUDY
Address: 46 THOMPSON DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: PIASECK, RON
Address: 137 ROYSTER DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Delete
Name: MONTFORD, CHARLES
Address: 128 SUMMERWIND CIR E
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PIASECKI, RON
Address: 137 ROYSTER DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRUDY THOMPSON D 04/22/2009

Electronic Signature of Signing Officer or Director — Date