

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90006 009 ****61.25

DOCUMENT # N95000003972

1. Entity Name
FRIENDS OF FORT DESOTO, INC.



Principal Place of Business
**3500 PINELLAS BAYWAY SOUTH
TIERRA VERDE, FL 33715**

Mailing Address
**3500 PINELLAS BAYWAY SOUTH
TIERRA VERDE, FL 33715**

40104417



DO NOT WRITE IN THIS SPACE

03102008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3331046

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GABBARD, DEXTER
301 8TH AVE. N
SAINT PETERSBURG, FL 33701**

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IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWNING, BOB
3500 PINELLAS BAYWAY SOUTH
TIERRA VERDE, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BICCHAK, LANA
707 1ST AVE S
TIERRA VERDE, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GABBARD, DEXTER PRES.
301 8TH AVE. N
ST PETE, FL 33701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Judith L. Willis
351 Pinellas Bayway #302
Tierra Verde, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-08 727-860-8625