2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# N95000003986

Entity Name: THE FRIENDS OF SANDOWAY HOUSE NATURE CENTER, INC.

Current Principal Place of Business:

142 S. OCEAN BLVD.
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

142 S. OCEAN BLVD.
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 65-0603775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTON, CAROLYN
1020 TAMARIND ROAD
DELRAY BEACH, FL 33483 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: T ( ) Delete
Name: PATTON, CAROLYN
Address: 1020 TAMARIND RD
City-St-Zip: DELRAY BEACH, FL 33483

Title: P ( ) Delete
Name: MARINEOLA, FRAN
Address: 36 S OCEAN BLVD
City-St-Zip: BOCA RATON, FL 33431

Title: S ( ) Delete
Name: MORRIS, ELAINE
Address: 1046 MELALEUCA ROAD
City-St-Zip: DELRAY BEACH, FL 33483

Title: DV ( ) Delete
Name: KATZ, ANDREW
Address: 320 S. OCEAN BLVD.
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: MARINCOLA, FRAN
Address: 36 S OCEAN BLVD
City-St-Zip: BOCA RATON, FL 33431

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NICOLE SCALES D 04/02/2007

Electronic Signature of Signing Officer or Director Date