

APPROVED  
AND  
FILED

99 MAR 12 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0561100

NONPROFIT CORPORATION ANNUAL REPORT 1999		STATE OF FLORIDA Katherine Harris Secretary of State DIVISION OF CORPORATIONS		AND FILED 99 MAR 12 PM 4:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # N96000002256</b>					
1. Corporation Name <b>FRIENDS OF FANNING, INC.</b>					
Principal Place of Business 11650 NW 115TH ST CHIEFLND FL 32626		Mailing Address 11650 NW 115TH ST CHIEFLND FL 32626			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/24/1996	
22 City & State		27 City & State		4. FEI Number 59-3486007	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PERRAS, PAUL E 11650 N.W. 115TH ST CHIEFLND FL 32626			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
D GRINER, LYNETTA U P.O. DRAWER 1819 N/A CHIEFLND FL 32644-1819			P/D GRINER, Lynetta U.		
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
D MCQUEEN, CAROL J ROUTE 3, BOX 179 OLD TOWN FL 32680			V/D MCQUEEN, Carol J. 9207 Florida Street Old Town, FL 32680		
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
D PERRAS, PAUL E 11650 N.W. 115 ST. CHIEFLND FL 32626			S/D EADY, Verna Mae 16731 NW Highway 19 Trenton, FL 32693		
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
			T/D LINDSEY, Ruth Ann Post Office Box 1643 Old Town, FL 32680		
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
			D HOLLINGSWORTH, Shelby Post Office Box 1395 Chiefland, FL 32644		
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
			D JOLLEY, Mary Frances 8551 NW 173rd Place Fanning Springs, FL 32693		

CR2E037 (11/98)

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-19-99**

**352 493-6736**

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_