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**NONPROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600002256

1. Corporation Name

FRIENDS OF FANNING, INC.

Principal Place of Business

Mailing Address

11650 NW 115TH ST CHIEFLND FL 32626

11650 NW 115TH ST CHIEFLND FL 32626

APPROVED AND FILED

99 MAR 12 PH 4: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed							
21		26			04/24/1996							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	lied For					
22		27			59-3486007	Not	Applicable					
City & Stat	le	City & State			F 0 16 4 10 1 1 1	\$8.75 A	dditional					
23		28			Certificate of Status Desired	Fee Required						
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	Jav Re					
24	25	29 30	0		Trust Fund Contribution	Added to	•					
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	d Agent						
			81	Name								
PERRAS,	PAUL E		82	92 Charles Address (D.O. Dan No. 1945 - No. 1945)								
	N. 115TH ST		04	82 Street Address (P.O. Box Number is Not Acceptable)								
	FL 32626		83									
O'ME! EIG												
			84	City	Fi	85 Zip C	ode					
11. Pursuant	to the provisions of Sections 617,0502	and 617 1508. Florida Statutes	the above	-named com			enistered					
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 reinstaling) DATE												
12.	OFFICERS AND		13.	- grand y require	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 12					
TITUE	D	DELETE	1.1 TITLE	P	/D	Change	Addition					
NAME	GRINER, LYNETTA U		12 NAME	GR	INER, Lynetta U.							
STREET ADDRESS			1.3 STREET	- 1	,,							
CITY-ST-ZIP	CHIEFLND FL 32644-1819		1.4 CITY-ST									
TITLE	D	□ DELETE	21 TITLE		/b	Change	☐ Addition					
NAME	MCQUEEN, CAROL J		2 2 NAME	MC	QUEEN, Carol J.							
STREET ADDRESS	ROUTE 3, BOX 179		23 STREET		207 Florida Street							
CITY-ST-ZIP	OLD TOWN FL 32680		2 4 CITY-S	-	1d Town, FL 32680							
TITLE	n	E) DELETE	31 TITLE		7D	Change	X Addition					
NAME	PERRAS, PAUL E		32 NAME	- 1	ADY. Verna Mae	C	125 / NO. 10					
STREET ADDRESS		+	33 STREET	j j	6731 NW Highway 19							
CITY-ST-ZIP	CHIEFLND FL 32626											
TITLE	OTHER END TE SECEO	[] DELETE	3.4. CITY-5" 4.1 TITLE		renton, FL 32693	Change	Addition					
NAME	ł	F) 6456.16	4.2 NAME		/D	Cloudiage	20 Augustion					
STREET ADDRESS			4.2 NAME 4.3 STREET	,	INDSEY, Ruth Ann							
				J	ost Office Box 1643							
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST 5.1 TITLE	D D	ld Town, FL 32680	Change	Addition					
	}	- Decere	52 NAME	( -		Clarke	E2 wantou					
NAME		•	53 STREET		OLLINGSWORTH, Shelby ost Office Box 1395							
STREET ADDRESS	ł		54 CITY-ST		hiefland, FL 32644	. (.	ارام					
City-St-ZIP		T DELETE	61 TITLE	ZP U	MICITALIA, IN SEASA		A Land					
TITLE		□ nere it	62 NAME	, J	OLIPA Manager	\ <i>\\X</i> ***\	Addition					
NAME	}		l		OLLEY, Mary Frances	<b>- バ</b> ソノンハ	\					
STREET ADDRESS			63 STREET	1	551 NW 173rd Place	JX 1	)					
CITY-ST-ZIP		No. Section 1.	64 CITY-ST		anning Springs, FL 32693		\					
indicated	centry that the information supplied with on this annual report or supplemental a	this tiling tides not qualify for the	ne exemption to the control of the c	on stated in S	Section 119.07(3)(i), Florida Statutes. I further of e shall have the same legal effect as if made un	erufy that the in	Tormation					

receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in attachment with an address, with all other like empowered. officer or director of the corporation or the receiblock 12 or Block 13 if changed, or en air that

AND TYPE OF BRINGED NAME OF SIGNING OFFICER OR DIRECTOR

352 493-6736