

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002711 (7)

1. Corporation Name

FRIENDS OF FRIENDSHIP PARK INC.

Principal Place of Business

Mailing Address

C/O HIBISCUS PARK CIVIC CLUB
65 HIBISCUS LANE
KEY LARGO FL 33037C/O ALICA COOK
P O BOX 634
KEY LARGO FL 33037-06343. Date Incorporated or Qualified
05/14/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, ALISA
52 HIBISCUS LANE
KEY LARGO FL 33037

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, BEVERLY	
STREET ADDRESS	22 HIBISCUS LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, DAGNEY	
STREET ADDRESS	22 HIBISCUS LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, GEORGE	
STREET ADDRESS	22 HIBISCUS LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODS, ROBERT	
STREET ADDRESS	61 HIBISCUS LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHEWSON, DUNCAN III	
STREET ADDRESS	P O BOX 1123 N/A	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL-THOMSON, JENNY	
STREET ADDRESS	88770 OVERSEAS HWY	
CITY-ST-ZIP	PUMPKIN KEY FL 33076	

1.1 TITLE	ass's. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WALKER, MARSHALL	
1.3 STREET ADDRESS	68 Bahama ave.	
1.4 CITY-ST-ZIP	Key Largo FL 33037	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Johnson, Dagny	
2.3 STREET ADDRESS	95600 05 Hwy.	
2.4 CITY-ST-ZIP	Key Largo, FL 33037	
3.1 TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Johnson, Lawrence	
3.3 STREET ADDRESS	45 Hibiscus	
3.4 CITY-ST-ZIP	Key Largo FL 33037	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WOODS, ROBERT	
4.3 STREET ADDRESS	52 Hibiscus Lane	
4.4 CITY-ST-ZIP	Key Largo FL 33037	
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mathewson, Duncan III	
5.3 STREET ADDRESS	100 Palm Lane - Box 1123 Islamorada	
5.4 CITY-ST-ZIP	Tavernier, FL 33070 FL 33036	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Andy Tobin	
6.3 STREET ADDRESS	164 Harborview DR.	
6.4 CITY-ST-ZIP	Tavernier FL 33070	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Evelyn F. Gosko 4/20/97-305-3674211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024347

CR2E037 (9/96)