

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 08:00 A
Secretary of State

DOCUMENT # N97000000224

1. Entity Name
FRIENDS OF MATANZAS, INC.



Principal Place of Business
**201 OWENS AVE
ST. AUGUSTINE, FL 32084**

Mailing Address
**1093 A1A BEACH BLVD. PMB 205
ST. AUGUSTINE, FL 32084**



05042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3476720

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAMILTON, PATRICK
201 OWENS AVE
SAINT AUGUSTINE, FL 32080**

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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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	TAYLOR, ANN B
STREET ADDRESS	1093 A1A BEACH BLVD PMB 137
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	D
NAME	WELCH, MAUREEN
STREET ADDRESS	9120 A1A SOUTH
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	D
NAME	GREENBERG, MICHAEL J
STREET ADDRESS	2 ST. ANDREWS CT.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	WOODWARD, JOHN
STREET ADDRESS	8294 A1A SOUTH
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/29/07-80038-019 61.25

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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 changed, or on an attachment with an address, with all other like empowered.

Ann B Taylor