

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000224

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: FRIENDS OF MATANZAS, INC.

## Current Principal Place of Business:

1093 A1A BEACH BLVD.  
PMB #205  
ST. AUGSTINE, FL 32080

## New Principal Place of Business:

## Current Mailing Address:

1093 A1A BEACH BLVD.  
PMB #205  
ST. AUGSTINE, FL 32080

## New Mailing Address:

FEI Number: 59-3476720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMILTON, PATRICK  
201 OWENS AVE  
SAINT AUGUSTINE, FL 32080 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: TAYLOR, ANN B  
Address: 1093 A1A BEACH BLVD PMB 137  
City-St-Zip: ST. AUGSTINE, FL 32080

Title: D ( ) Delete  
Name: WELCH, MAUREEN  
Address: 9120 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: GREENBERG, MICHAEL J  
Address: 2 ST. ANDREWS CT.  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: WOODWARD, JOHN  
Address: 8294 A1A SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32080

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: ANN B TAYLOR

TREA

04/24/2009

Electronic Signature of Signing Officer or Director

Date