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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002684 (5)**

1. Corporation Name

FRIENDS OF RING PARK, INC.

Principal Place of Business

**1808 N.W. 7TH LANE
GAINESVILLE FL 32603**

Mailing Address

**P.O. BOX 1616
GAINESVILLE FL 32602**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

05/08/1997

4. FEI Number

59-3447945

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALTER, JAMES D ESQ.
703 N.E. FIRST STREET
GAINESVILLE FL 32601**

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 ☐ DELETE

NAME **D LOMBARDI, JOHN V**
STREET ADDRESS **P.O. BOX 113150**
CITY-ST-ZIP **GAINESVILLE FL 32611**

N/A

TITLE ☐ DELETE

NAME **D JAMES, JOHN**
STREET ADDRESS **2720 S.W. 7TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ DELETE

NAME **D WATSON, ROBERT**
STREET ADDRESS **620 N.W. 18TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☐ DELETE

NAME **D BAUGHMAN, GEORGE**
STREET ADDRESS **6709 S.W. 37TH WAY**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ DELETE

NAME **D DOUGHTIE, NATH**
STREET ADDRESS **201 E. UNIVERSITY AVENUE, ROOM 304**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☐ DELETE

NAME **D COLLIER, COURTLAND**
STREET ADDRESS **830 N.W. 22ND TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

Robert F. Watson

ROBERT F. WATSON

1-8-98

352-378-1331

Date

Daytime Phone # 0010731

CR2E037 (10/97)