

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002684

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: FRIENDS OF RING PARK, INC.

## Current Principal Place of Business:

1618 NW 19TH CIR  
GAINESVILLE, FL 32605

## New Principal Place of Business:

## Current Mailing Address:

1618 NW 19TH CIR  
GAINESVILLE, FL 32605

## New Mailing Address:

FEI Number: 59-3447945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALTER, JAMES D ESQ.  
3940 NW 16TH BLVD., BLDG B  
GAINESVILLE, FL 326053502 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: D ( ) Delete  
Name: DOLDER, VIRGINIA  
Address: 731 NW 15TH ST  
City-St-Zip: GAINESVILLE, FL 32603

Title: D ( ) Delete  
Name: JAMES, JOHN  
Address: 23108 NE 69TH LN  
City-St-Zip: MELROSE, FL 32666

Title: D ( ) Delete  
Name: WATSON, ROBERT  
Address: 1910 NW 23RD TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: T ( ) Delete  
Name: ROLFE, GEORGE  
Address: 1618 NW 19TH CIRCLE  
City-St-Zip: GAINESVILLE, FL 32605

Title: V ( ) Delete  
Name: POLLICK, DAVID  
Address: 1618 NW 19TH CIR  
City-St-Zip: GAINESVILLE, FL 32605

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGIA ROLFE

T

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date