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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

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1. Corporation Name

FRIENDS OF SPRUCE CREEK PRESERVE, INC.

Principal Place of Business

465 WILDWOOD DR  
NEW SMYRNA BEACH FL 32168  
US

Mailing Address

465 WILDWOOD DR  
NEW SMYRNA BEACH FL 32168  
US



2. Principal Place of Business

21 465 WILDWOOD DR.

Suite, Apt. #, etc.

22

City & State

23 NEW SMYRNA BEACH, FL

Zip

24 32168

Country

25 USA

2a. Mailing Address

26 1982 ST. RD 44, BOX 214

Suite, Apt. #, etc.

27

City & State

28 NEW SMYRNA BEACH, FL.

Zip

29 32168

Country

30 USA

3. Date Incorporated or Qualified

05/08/1997

4. FEI Number

59-3449569

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

9. Name and Address of Current Registered Agent

HERRIN, BARBARA  
465 WILDWOOD DR  
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE PD  
NAME LEEPER, DORIS  
STREET ADDRESS 806 N PENINSULAR AVE  
CITY-ST-ZIP NEW SMYRNA BCH FL 32169

TITLE VD  
NAME HERRIN, BARBARA  
STREET ADDRESS 465 WILDWOOD DR  
CITY-ST-ZIP NEW SMYRNA BCH FL 32168

TITLE ST  
NAME PLASKETT, LYNNE  
STREET ADDRESS 465 WILDWOOD DR  
CITY-ST-ZIP NEW SMYRNA BCH FL 32168

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE PROGRAM DIRECTOR  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)