

FILE NOW: FILING FEE IS \$61.25

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pg 1052

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

98 MAR 30 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004895 (5)

1. Corporation Name

FRIENDS OF FALLING WATERS, INC.



Principal Place of Business

Mailing Address

FLORIDA PARK SERVICE  
3900 COMMONWEALTH BLVD MS 535  
TALLAHASSEE FL 32399

FLORIDA PARK SERVICE  
3900 COMMONWEALTH BLVD MS 535  
TALLAHASSEE FL 32399

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WERNDL, PHILLIP A  
FLORIDA PARK SERVICE  
3900 COMMONWEALTH BLVD MS 535  
TALLAHASSEE FL 32399

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 PD  
NAME FOSTER, JOHN  
STREET ADDRESS 1365 WATFORD CIRCLE  
CITY-ST-ZIP CHIPLEY FL 32428 ☐ DELETE

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

TITLE SD  
NAME FOSTER, KATHY  
STREET ADDRESS 1365 WATFORD CIRCLE  
CITY-ST-ZIP CHIPLEY FL 32428 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BRIDENBACK, BILL  
STREET ADDRESS P.O. BOX 4  
CITY-ST-ZIP CHIPLEY FL 32428 ☐ DELETE

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

TITLE D  
NAME BRIDENBACK, TULLIE  
STREET ADDRESS P.O. BOX 4 N/A  
CITY-ST-ZIP CHIPLEY FL 32428 ☐ DELETE

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

TITLE D  
NAME CARTER, JOYCE  
STREET ADDRESS ROUTE 6, BOX 484 DECEASED  
CITY-ST-ZIP CHIPLEY FL 32428 ☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VD  
NAME LAVENDER, FRED  
STREET ADDRESS P.O. BOX 236 N/A  
CITY-ST-ZIP CHIPLEY FL 32428 ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

CR2E037 (10/97)



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## Department of Environmental Protection

Lawton Chiles  
Governor

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Virginia B. Wetherell  
Secretary

March 25, 1998

Mr. David Mann, Director  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify to you that The Friends of Falling Waters, *Inc.*, is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP  
Director  
Division of Recreation and Parks

FPM/paw  
Attachments