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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004895

1. Corporation Name

FRIENDS OF FALLING WATERS, INC.

Principal Place of Business

FLORIDA PARK SERVICE
3900 COMMONWEALTH BLVD MS 535
TALLAHASSEE FL 32399

Mailing Address

FLORIDA PARK SERVICE
3900 COMMONWEALTH BLVD MS 535
TALLAHASSEE FL 32399



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/28/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FFI Number
22	27	59-3551705
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, JOHN	12 NAME	
STREET ADDRESS	1365 WATFORD CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, KATHY	22 NAME	
STREET ADDRESS	1365 WATFORD CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDENBACK, BILL	32 NAME	
STREET ADDRESS	P.O. BOX 4 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDENBACK, TULLIE	42 NAME	
STREET ADDRESS	P.O. BOX 4 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, BECKY	52 NAME	
STREET ADDRESS	631 4TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVENDER, FRED	62 NAME	
STREET ADDRESS	P.O. BOX 236 N/A	63 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	64 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:

John Y. Foster, Pres.

2/10/99

850-638-7572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0009521

CR2E037 (11/98)