

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N97000004895**

1. Entity Name  
**FRIENDS OF FALLING WATERS, INC.**



FILED

08 APR 22 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**FALLING WATERS STATE PARK  
CHIPLEY, FL 32428**

Mailing Address  
**1365 WATFORD CIR  
CHIPLEY, FL 32428**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-3551705**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOSTER, KATHY  
1365 WATFORD CIRCLE  
CHIPLEY, FL 32428**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **MAPHIS, WILLIAM T**  
STREET ADDRESS **814 RATTLEBOX ROAD**  
CITY-STATE-ZIP **CHIPLEY, FL 32428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **S** ☐ Delete  
NAME **FOSTER, KATHY**  
STREET ADDRESS **1365 WATFORD CIRCLE**  
CITY-STATE-ZIP **CHIPLEY, FL 32428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **T** ☐ Delete  
NAME **MAPHIS, BRENDA G**  
STREET ADDRESS **814 RATTLEBOX ROAD**  
CITY-STATE-ZIP **CHIPLEY, FL 32428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **D** ☐ Delete  
NAME **FOSTER, JOHN**  
STREET ADDRESS **1365 WATFORD CIRCLE**  
CITY-STATE-ZIP **CHIPLEY, FL 32428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **D** ☒ Delete  
NAME **DILMORE, FORREST**  
STREET ADDRESS **P.O. BOX 941**  
CITY-STATE-ZIP **COTTONDALE, FL 32431**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **VD** ☐ Delete  
NAME **PRICHARD, CAREN**  
STREET ADDRESS **1330A ORANGE HILL RD**  
CITY-STATE-ZIP **CHIPLEY, FL 32428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William T. Maphis* **WILLIAM T. MAPHIS, PRES.** 4/14/08 (810) 638-8243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



# Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

April 17, 2008

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify that The Friends of Falling Waters, Inc is a duly authorized citizen support organization under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to Section 617.0122, F.S., this filing is exempt from any fees when certified by this department.

Please call Mary Hanley at 245-3081 if additional information is needed.

Sincerely,

A handwritten signature in black ink that reads "Mike Bullock". The signature is written in a cursive, flowing style.

Mike Bullock  
Director  
Florida Park Service

MB/mh

Enclosure