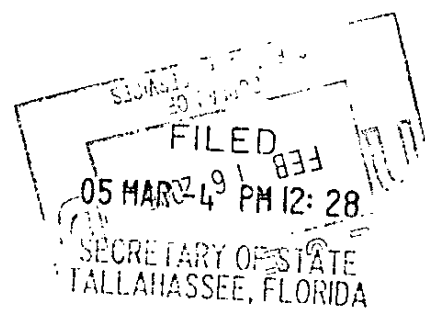


AMENDED
2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT



02042005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3451627** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # N97000005385

1. Entity Name
FRIENDS OF THE MARJORIE KINNAN RAWLINGS FARM, INC.



Principal Place of Business
**18700 S CR 325
 HAWTHORNE, FL 32640**

Mailing Address
**POST OFFICE BOX 337
 Micanopy, FL 32640**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent HANSEN, PHYLLIS 13405 SE 171 LANE HAWTHORNE, FL 32640	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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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 reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP NAME DOHN, NANCY <input checked="" type="checkbox"/> Delete STREET ADDRESS 5907 NW 57 WAY CITY-ST-ZIP GAINESVILLE, FL 32653		TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PHYLLIS HANSEN STREET ADDRESS 13405 SE 171 LANE CITY-ST-ZIP HAWTHORNE, FL 32640	
TITLE DV <input checked="" type="checkbox"/> Delete NAME PIERCE, ANNE STREET ADDRESS 249 HERMEN DRIVE CITY-ST-ZIP HAWTHORNE, FL 32640		TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DAN CANTLIFFE STREET ADDRESS 25 SW 79th DRIVE CITY-ST-ZIP GAINESVILLE, FL 32607	
TITLE SD <input type="checkbox"/> Delete NAME LAURIE, MURRAY STREET ADDRESS 2858 SW 14 DR CITY-ST-ZIP GAINESVILLE, FL 32608		TITLE SD <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME MURRAY LAURIE STREET ADDRESS 2858 SW 14 DR CITY-ST-ZIP GAINESVILLE, FL 32608	
TITLE TD <input checked="" type="checkbox"/> Delete NAME HANSEN, PHYLLIS STREET ADDRESS 13405 S.E. 171 LANE CITY-ST-ZIP HAWTHORNE, FL 32640		TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME ANNE PIERCE STREET ADDRESS 249 HERMAN DRIVE CITY-ST-ZIP HAWTHORNE, FL 32640	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Phyllis Hansen **PHYLLIS HANSEN** **3.4.04** **352-392-9617 x283**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

February 23, 2005

Mr. Sean Toner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to certify to you that Friends of the Marjorie Kinnan Rawlings Farm, 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. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/pwf

Attachments