

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

RECEIVED

JAN 21 2008 PM 5:00

CLERK OF STATE  
DISTRICT 2 OFFICE

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008 Chg-NP CR2E037 (12/06)



4. FEI Number  
59-3451627

Applied For  
Not Applicable

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

## 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  
Margaret Anne Pierce  
Street Address (P.O. Box Number is Not Acceptable)  
249 Herman Drive  
City Hawthorne FL Zip Code 32640

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

*Margaret Anne Pierce* Margaret Anne Pierce, Treasurer 1/16/08  
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSEN, PHYLLIS 13405 SE 171 LANE HAWTHORNE, FL 32640 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANTLOFFE, DAN 25 SW 79TH DRIVE HAWTHORNE, FL 32607 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAURIE, MURRAY 2858 SW 14 DR GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIERCE, ANNE 249 HERMAN DRIVE HAWTHORNE, FL 32640 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dan Cantliffe 25 SW 79th Drive Gainesville FL 32607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mickey Angell 14224 SE 180 Place Hawthorne FL 32640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert N. Lauriault 14404 SE 183 Ave Hawthorne FL 32640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Margaret Anne Pierce <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Judith Harris 14919 SE 183 Ave Hawthorne FL 32640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Anne Pierce

1/16/08 352-481-4099

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

March 4, 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 to you that the 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.

If further information is needed feel free to contact Eryn Calabro at 245-2939.

Sincerely,

Mike Bullock  
Director  
Florida Park Service

MB/edc

Attachments