## 2006 NOT-FOR-PROFIT CORPORATION

**ANNUAL REPORT** DOCUMENT # N97000006342 1. Entity Name FILED FRIENDS OF ANCLOTE KEY STATE PARK & LIGHTHOUSE INC. 06 MAY 19 PM 1:50 Principal Place of Business Mailing Address SEGRETARY OF STATE.
MULAHASSEE, PLOWIDA P.O. BOX 1561 #1 CAUSEWAY BLVD DUNEDIN, FL 34698 DUNEDIN, FL 34697 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 Chg-NP CR2E037 (4/06) 4. FEI Number 59-3503338 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Seabol, Linda HAWES, WAYNE Street Address (P.O. Box Number is Not Acceptable) 16807 ASHWOOD DR. TAMPA, FL 33624 inewood Dunedin 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. 04.28.06 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SEABOL, LINDA NAME 2678 PINEWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition HANCOCK, MIKE NAME NAME STREET ADDRESS 3640 103RD AVE N STREET ADDRESS CLEARWATER, FL 33762 CITY-ST-ZIP CITY-ST-7IP S TITLE ☐ Delete TITLE ☐ Channe ☐ Addition HAWES, JUDI MAME NAME STREET ADDRESS 16807 ASHWOOD DR STREET ADDRESS **TAMPA, FL 33624** CITY-ST-ZIP CITY-ST-7/P TITLE Delete TIBE Change ☐ Addition HAWES, WAYNE NAME NAME Patrick, Wayne STREET ADDRESS 16807 ASHWOOD DR STREET ADDRESS 2102 W. Erna Dr TAMPA, FL 33624 CITY-ST-ZIP CITY-ST-ZIP 33603 Tampa, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 charged, or on an attackment with an address, with all other like empowered.

SIGNATURE: NG OFFICER OR DIRECTOR