

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

RECEIVED

<b>DOCUMENT # N98000000047</b> 1. Entity Name <b>FRIENDS OF TALBOT ISLANDS STATE PARKS, INC.</b>						FILED FEB 20 2008 08 MAR -6 PM 4:07 District 2 Office SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>C/O ROBERT JOSEPH, PARK MANAGER 12157 HECKSHER DRIVE JACKSONVILLE, FL 32226</b>				Mailing Address <b>C/O ROBERT JOSEPH, PARK MANAGER 12157 HECKSHER DRIVE JACKSONVILLE, FL 32226</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number <b>59-3467037</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>HETCHKA, JODY C/O TALBOT ISLAND STATE PARK 12157 HECKSHER DRIVE JACKSONVILLE, FL 32226</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Kelly Robinson</b> Street Address (P.O. Box Number is Not Acceptable) <b>616 7500 First Coast Hwy</b> City <b>Amelia Is</b> <b>FL</b> Zip Code <b>32034</b>			
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 <u>Kelly Robinson, President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2-18-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SEIGLER, KATE 220 VISTA GRAND DR PONTE VEDRA BEACH, FL 32082			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached sheet	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, JAMES 7500 FIRST COAST HWY AMELIA ISLAND, FL 32034			<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	D ROBINSON, KELLY 7500 FIRST COAST HWY FERNANDINA BEACH, FL 32034			<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	PD HETCHKA, JODIE 2701 LASABRE PL FERNANDINA BEACH, FL 32226			<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	DT SEIGLER, MARIJANE 12157 HECKSHER DR JACKSONVILLE, FL 32226			<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			<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 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 <u>Kelly Robinson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>2-18-08</u> DAYTIME PHONE # <u>904-491-5166</u>			

2008 Not-for-Profit Corporation Annual Report  
Addendum – Additions/Changes to Officers and Directors in 10  
Document # N98000000047 – Friends of Talbot Islands State Parks, Inc.

DP

Robinson, Kelly  
7500 First Coast Highway  
Amelia Island, FL 32034

DV

Kelly, James  
7500 First Coast Highway  
Amelia Island, FL 32034

DS

Pavlinsky, Elizabeth  
c/o 12157 Hecksher Drive  
Jacksonville, FL 32226

DT

Siegler, Marijane  
c/o 12157 Hecksher Drive  
Jacksonville, FL 32226

D

Hetchka, Jody  
c/o 12157 Hecksher Drive  
Jacksonville, FL 32226

D

Siegler, Kate  
220 Vist Grand Drive  
Ponte Vedra Beach, FL 32082

D

Roberts, Barbara  
c/o 12157 Hecksher Drive  
Jacksonville, FL 32226

D

Stevens, Halley  
c/o 12157 Hecksher Drive  
Jacksonville, FL 32226

D

Arnett, Maron  
c/o 12157 Hecksher Drive  
Jacksonville, FL 32226



## 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 Talbot Islands State Park, 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