

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90063 034 \*\*\*\*70.00

**DOCUMENT # N98000000635**

1. Entity Name

FRIENDS OF KELLY PARK, INC.



Principal Place of Business

400 EAST KELLY PARK ROAD  
APOPKA FL 32712

Mailing Address

P.O. BOX 590  
APOPKA FL 32704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3507800

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

KEMPTON, MICHAEL P  
400 E. KELLY PARK ROAD  
APOPKA FL 32712

Name

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

D

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

*Michael Kempton*

Michael Kempton Site Supervisor

2-21-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 SD ☐ Delete  
NAME PASTERNAK, MICHELE  
STREET ADDRESS 31402 SOARING HAWK LANE  
CITY-ST-ZIP SORRENTO FL 32776

TITLE VPD ☐ Delete  
NAME OLDFIELD, JAMES JR.  
STREET ADDRESS 26435 BAIRD AVENUE  
CITY-ST-ZIP SORRENTO FL 32776

TITLE TD ☐ Delete  
NAME GORMICAN, ROBERT F  
STREET ADDRESS 980 W. MCCORMICK ROAD  
CITY-ST-ZIP APOPKA FL 32703

TITLE PD ☐ Delete  
NAME BLUM, JOSEPH E  
STREET ADDRESS 9503 QUEENSBURY CT.  
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 IKS empowered.

SIGNATURE

*Robert F. Gormican* ROBERT F. GORMICAN 03-12-04 407 889 7699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #