

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90135 040 ****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**

40029611



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3507800

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

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

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

Michael Kempton

(NOTE: Registered Agent Signature required when reinstating)

March 2, 2005

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

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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 like empowered.

SIGNATURE:

Robert F. Gormican *407 889 7699* *03-02-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #