

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001764

FILED
Mar 16, 2009
Secretary of State

Entity Name: FRIENDS OF FLORIDA STATE FORESTS, INC.

Current Principal Place of Business:

C/O THE DIRECTOR, DIVISION OF FORESTRY
3125 CONNER BOULEVARD C-25
TALLAHASSEE, FL 323991650

New Principal Place of Business:

Current Mailing Address:

C/O THE DIRECTOR, DIVISION OF FORESTRY
3125 CONNER BOULEVARD C-25
TALLAHASSEE, FL 323991650

New Mailing Address:

FEI Number: 59-3504595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORE, DAVID
C/O THE DIRECTOR, DIVISION OF FORESTRY
3125 CONNER BOULEVARD, C-25
TALLAHASSEE, FL 323991650 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LONG, MICHAEL C
Address: 3125 CONNER BLVD.
City-St-Zip: TALLAHASSEE, FL 323991650

Title: D () Delete
Name: MULLINS, MEDORA
Address: 11557 SORRENTO RD
City-St-Zip: PENSACOLA, FL 32507

Title: STD () Delete
Name: NOYES, SUE
Address: 5800 VETERANS MEMORIAL DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: MAYNARD, CHARLES
Address: 65 BLUE HERON POINT
City-St-Zip: HAVANA, FL 32373

Title: D () Delete
Name: KOEHLER, HELEN
Address: 1950 SE 111TH CT.
City-St-Zip: MORRISTON, FL 32668

Title: D () Delete
Name: TERRELL, JACK
Address: 180 SUNRISE HILL LANE
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KARELS, JAMES
Address: 3125 CONNER BLVD.
City-St-Zip: TALLAHASSEE, FL 323991650

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN NOYES

STD

03/16/2009

Electronic Signature of Signing Officer or Director

Date