

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90104 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002116

1. Corporation Name

FRIENDS OF OLD SETTLERS PARK, INC.

Principal Place of Business

88765 OVERSEAS HWY
TAVERNIER FL 33070

Mailing Address

P.O. BOX 205
TAVERNIER FL 33070


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		04/10/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0838033	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ALLEN, ALICE C
133 SUNRISE DRIVE
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, ALICE	1.2 NAME	
STREET ADDRESS	133 SUNRISE DR., P.O. BOX 205	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL 33070	1.4 CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, SYLVIA	2.2 NAME	
STREET ADDRESS	150 JO JEAN WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL 33070	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, ANNE	3.2 NAME	
STREET ADDRESS	183 HARBOUR VIEW DR., P.O. BOX 483	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL 33070	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARROYO, JEAN	4.2 NAME	
STREET ADDRESS	191 LOWE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL 33070	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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; the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)