

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002116

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: FRIENDS OF OLD SETTLERS PARK, INC.

**Current Principal Place of Business:**

88765 OVERSEAS HWY  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 43  
TAVERNIER, FL 33070

**New Mailing Address:**

FEI Number: 65-0838033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLEN, ALICE C  
133 SUNRISE DRIVE  
TAVERNIER, FL 33070 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: D ( ) Delete  
Name: ALLEN, ALICE  
Address: 133 SUNRISE DR., P.O. BOX 205  
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete  
Name: MURPHY, SYLVIA  
Address: 150 JO JEAN WAY  
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete  
Name: DUNN, ANNE  
Address: 183 HARBOUR VIEW DR. , P.O. BOX 483  
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete  
Name: ARROYO, JEAN  
Address: 191 LOWE STREET  
City-St-Zip: TAVERNIER, FL 33070

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SYLVIA MURPHY

DIR

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date