2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N98000002116

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 J. MURPHY DIR 03/17/2009

Electronic Signature of Signing Officer or Director — Date