

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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04 APR 22 AM 11:51  
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TALLAHASSEE, FLORIDA

DOCUMENT # N98000002286

1. Entity Name  
FRIENDS OF ICHETUCKNEE SPRINGS STATE PARK,  
INC.



Principal Place of Business  
196 SW MISSION SPRINGS COURT  
FORT WHITE, FL 32038

Mailing Address  
196 SW MISSION SPRINGS COURT  
FORT WHITE, FL 32038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3480044

Applied For  
Not Applicable

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

MCKENZIE, SHEILA A  
196 SW MISSION SPRINGS COURT  
FORT WHITE, FL 32038

Name

Harper, Craig

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

6252 SW Elin Church Road

City

Fort White

FL

Zip Code

32038

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete  
NAME MCKENZIE, SHEILA  
STREET ADDRESS RT 1 BOX 1586  
CITY-ST-ZIP O'BRIEN, FL 32071

TITLE C ☒ Change ☐ Addition  
NAME McKenzie, Sheila  
STREET ADDRESS 286 SW Hawkins Ct  
CITY-ST-ZIP Fort White, Florida

TITLE DV ☒ Delete  
NAME PRESTON, RICK  
STREET ADDRESS RT. 1 BOX 1575  
CITY-ST-ZIP O'BRIEN, FL 32071

TITLE DP ☐ Change ☒ Addition  
NAME Harper, Craig  
STREET ADDRESS 6252 SW Elin Church Rd.  
CITY-ST-ZIP Fort White, Florida

TITLE S ☒ Delete  
NAME WARD, COOKIE  
STREET ADDRESS RT. 1 BOX 1587  
CITY-ST-ZIP O'BRIEN, FL 32071

TITLE DV ☐ Change ☒ Addition  
NAME Wray, Vernis  
STREET ADDRESS 8587 SW Elin Church Road  
CITY-ST-ZIP Fort White, Florida 32038

TITLE DT ☐ Delete  
NAME JONES, MARY K  
STREET ADDRESS 205 SW MISSION SPRINGS CT  
CITY-ST-ZIP FORT WHITE, FL 32038

TITLE C ☐ Change ☒ Addition  
NAME Culverhouse, Ben  
STREET ADDRESS Junction Road  
CITY-ST-ZIP Fort White, Florida 32038

TITLE C ☐ Delete  
NAME STAPE, JANET L  
STREET ADDRESS 15212 E. 61ST STREET ROAD  
CITY-ST-ZIP WELLBORN, FL 32094

TITLE C ☐ Change ☒ Addition  
NAME Harper, Chester  
STREET ADDRESS 6252 S.W. Elin Church Road  
CITY-ST-ZIP Fort White, Florida 32038

TITLE C ☒ Delete  
NAME MARLOWE, KATHY  
STREET ADDRESS RT 2 BOX 5084  
CITY-ST-ZIP FT. WHITE, FL 32038

TITLE C ☐ Change ☒ Addition  
NAME Fletcher, Joe  
STREET ADDRESS Rt 2 Box 5345  
CITY-ST-ZIP Fort White, Florida 32038

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.

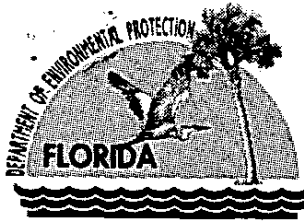
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/04 386-497-3151



Jeb Bush  
Governor

# Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Colleen M. Castille  
Secretary

April 16, 2004

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to certify to you that the Friends of Ichetucknee Springs State Park, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock  
Director  
Florida Park Service

MB/pwf

Attachments