

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90066 050 \*\*\*\*61.25

<b>DOCUMENT # N98000002286</b>					
<b>1. Entity Name</b> FRIENDS OF ICHETUCKNEE SPRINGS STATE PARK, INC.					
<b>Principal Place of Business</b> 196 SW MISSION SPRINGS COURT FORT WHITE, FL 32038			<b>Mailing Address</b> 196 SW MISSION SPRINGS COURT FORT WHITE, FL 32038		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01252005    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 59-3480044				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HARPER, CRAIG A 6252 SW ELIM CHURCH ROAD FORT WHITE, FL 32038			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	C	<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKENZIE, SHELIA		NAME	Ben Culverhouse	
STREET ADDRESS	286 SW HAWKINS CT		STREET ADDRESS	Junction Road	
CITY-ST-ZIP	FORT WHITE, FL		CITY-ST-ZIP	Fort White, FL 32038	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARPER, CRAIG		NAME	Chester Harper	
STREET ADDRESS	6252 SW ELIM CHURCH RD		STREET ADDRESS	6252 S.W. Elim Church Rd	
CITY-ST-ZIP	FORT WHITE, FL		CITY-ST-ZIP	Fort White, FL 32038	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	DTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, COOKIE		NAME	Lori A. Collier	
STREET ADDRESS	RT. 1 BOX 1587		STREET ADDRESS	5938 S.W. Elim Church Rd.	
CITY-ST-ZIP	O'BRIEN, FL 32071		CITY-ST-ZIP	Fort White, FL 32038	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, MARY K		NAME	Joe Fletcher	
STREET ADDRESS	205 SW MISSION SPRINGS CT		STREET ADDRESS	Rt 2 Box 5345	
CITY-ST-ZIP	FORT WHITE, FL 32038		CITY-ST-ZIP	Fort White, FL 32038	
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPE, JANET L		NAME		
STREET ADDRESS	15212 E. 61ST STREET ROAD		STREET ADDRESS		
CITY-ST-ZIP	WELLBORN, FL 32094		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRAY, VERNIS		NAME		
STREET ADDRESS	8587 SW ELIM CHURCH ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT WHITE, FL 32038		CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.</b>					
<b>SIGNATURE:</b> <i>Lori A. Collier</i>			2/7/04    386 497 3081		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		