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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0002910

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N98000005088</b> 1. Corporation Name <b>FRIENDS OF WASHINGTON OAKS STATE GARDENS, INC.</b>		
Principal Place of Business <b>6400 N OCEAN SHORE BLVD                  PALM COAST FL 32137</b>	Mailing Address <b>6400 N OCEAN SHORE BLVD                  PALM COAST FL 32137</b>	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/04/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3546523
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
NOEL, EUGENIA C 6400 N OCEAN SHORE BLVD PALM COAST FL 32137		81 Name <b>Richard T. Louttit</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>c/o Friends of Washington Oaks</b> 83 <b>6400 N. Oceanshore Blvd.</b> 84 City <b>Palm Coast</b> FL 85 Zip Code <b>32137</b>

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 Richard T. Louttit, President DATE 3/31/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

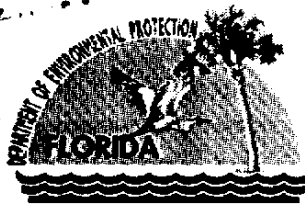
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOEL, EUGENIA C 9 MALA COMPRA RD PALM COAST FL 32137-2747	<input type="checkbox"/> DELETE	1.1 TITLE T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Noel, Eugenia C 1.3 STREET ADDRESS 9 Mala Compra Rd Palm Coast, FL 32137 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOOD, LYNETTE 435 ELSIE AVE HOLLY HILL FL 32117-4325	<input checked="" type="checkbox"/> DELETE	2.1 TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Louttit, Richard T 2.3 STREET ADDRESS 52 Nantucket Drive 2.4 CITY-ST-ZIP Palm Coast, FL 32137-2529
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAWTHROP, SHELIA 2401 SWORDFISH LN EDGEWATER FL 32141	<input type="checkbox"/> DELETE	3.1 TITLE V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Kiffney, Elizabeth 3.3 STREET ADDRESS 16 San Pablo Court 3.4 CITY-ST-ZIP Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASE, JAMIE 1404 S DAYTONA AVE FLAGLER BEACH FL 32136	<input type="checkbox"/> DELETE	4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Gurnee, Mary 4.3 STREET ADDRESS 324 Palm Circle 4.4 CITY-ST-ZIP Flagler Beach, FL 32135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHNELL, SUZANNE P.O. BOX 311 N/A FLAGLER BEACH FL 32136	<input type="checkbox"/> DELETE	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Conner, Timothy 5.3 STREET ADDRESS 1 Florida Park Drive, North 5.4 CITY-ST-ZIP Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EWALD, SUE 39 ANDOVER DR PALM COAST FL 32137	<input type="checkbox"/> DELETE	6.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 or 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: Richard T. Louttit DATE: 3/31/99 (904) 446-6783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)



Jeb Bush  
Governor

## Department of Environmental Protection

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

David B. Struhs  
Secretary

March 31, 1999

Mr. David Mann, Director  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify to you that the Friends of Washington Oaks State Gardens, 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.

Sincerely,

Fran P. Mainella, CLP  
Director  
Division of Recreation and Parks

FPM/paw  
Attachments