

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # N98000006036,

1. Entity Name
FRIENDS OF GOOSE POND, INC.



Principal Place of Business
**2435 POTTS RD.
TALLAHASSEE, FL 32308**

Mailing Address
**2435 POTTS RD.
TALLAHASSEE, FL 32308**



02032005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
59-3545267

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUMENIK, DOROTHY
2435 POTTS RD.
TALLAHASSEE, FL 32308**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
STRAUSS, PATRICK M
2005 DOGWOOD HILL
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
RUMENIK, DOROTHY
2435 POTTS RD.
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Dorothy Rumensk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05
Date

(850)
385-3986
Daytime Phone #