


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000006036 1. Entity Name FRIENDS OF GOOSE POND, INC.	
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Principal Place of Business 2435 POTTS RD. TALLAHASSEE, FL 32308	Mailing Address 2435 POTTS RD. TALLAHASSEE, FL 32308
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DO NOT WRITE IN THIS SPACE

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3545267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

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
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07/09/08-80001-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Rumenuk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/08 385-3986
Date Daytime Phone #