## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000006093

FILED Jul 06, 2006 Secretary of State

Entity Name: FRIENDS OF THE MICCOSUKEE CANOPY ROAD GREENWAY, INC.

urrent F	Principal Place of Business:	New Principal Place of Business:
	MICCOSUKEE RD. ASSEE, FL 32309	
urrent N	Mailing Address:	New Mailing Address:
	MICCOSUKEE RD. ASSEE, FL 32309	
n accordar	r: 59-3580794 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) not receive the prior notice.  Name and Address of New Registered Agent:
OMBARI	DO ROB	
	MICCOSUKEE RD. INSSEE, FL 32309 US	
ALLAHA	MICCOSUKEE RD. ASSEE, FL 32309 US	e purpose of changing its registered office or registered agent, or both
ALLAHA The above the Stat	MICCOSUKEE RD. ASSEE, FL 32309 US e named entity submits this statement for the te of Florida.	e purpose of changing its registered office or registered agent, or both
ALLAHA the above the Stat	MICCOSUKEE RD. ASSEE, FL 32309 US e named entity submits this statement for the te of Florida.	
ALLAHA The above the Stat	MICCOSUKEE RD. ASSEE, FL 32309 US e named entity submits this statement for the te of Florida. JRE:	
ALLAHA The above the Stat	MICCOSUKEE RD. ASSEE, FL 32309 US  e named entity submits this statement for the te of Florida.  JRE:  Electronic Signature of Registered A  RS AND DIRECTORS:  D () Delete  LOMBARDO, ROBERT A 9601-54 MICCOSUKEE RD.	gent Date
ALLAHA The above The State SIGNATU  PFFICER  title: ame: ddress:	MICCOSUKEE RD. ASSEE, FL 32309 US  e named entity submits this statement for the te of Florida.  JRE:  Electronic Signature of Registered A  RS AND DIRECTORS:  D () Delete LOMBARDO, ROBERT A 9601-54 MICCOSUKEE RD. TALLAHASSEE, FL 32309  D () Delete STEPHENS, NANCY 11445 MOCCASIN GAP RD.	gent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. LOMBARDO D 07/06/2006