2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Feb 05, 2007 8:00 am Secretary of State

DOCUMENT # N9900002969 1. Entity Name FRIENDS OF ANNE KOLB NATURE CENTER, INC.					02-05-200	7 90084 026 ***		
Principal Place of Business 751 SHERIDAN STREET HOLLYWOOD, FL 33019		Mailing Address 751 SHERIDAN STREET HOLLYWOOD, FL 33019)96U1	BIII BRIII BBIIB 11835 (BIZS B		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012007	Chg-NP	CR2E037 (12/0	06)	
City & State		City & State		4, FEI Number NOT APP	LICABLE		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	□ \$8.75 Fee Red	Additional quired	
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New	Registered Agent		
CASE SADA			Name	Name				
CASE, SARA 751 SHERIDAN STREET HOLLYWOOD, FL 33019			Street A	Street Address (P.O. Box Number is Not Acceptable)				
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<u> </u>				City FL Zip Code				
the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing it	s registered office o	r registered agent, or both,	in the State of F	Florida. I am familiar i	with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title il applicable. (NC	TE Registered Agent signa	ure required when reinstating)		DATE		
SIGNATURE		9. Election Ca	TE Registered Agent signal ampaign Financing Contribution.	\$5.00 May Be Added to Fees	1	Make check payab		
	Signature, typed or printed name of registered agent	9. Election Ca Trust Fund	ampaign Financing	\$5.00 May Be Added to Fees	Fle	Make check payab	of State	
	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIE	9. Election Ca Trust Fund	ampaign Financing Contribution,	\$5.00 May Be Added to Fees	Fle	Make check payab orida Department o	of State	
10.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF P EMERY, RUSSELL	9. Election Ca Trust Fund	ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Fle	Make check payab orida Department of ERS AND DIRECTOR	of State	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF P EMERY, RUSSELL 301 CAMBRIDGE RD, # 302	9. Election Ca Trust Fund	ampaign Financing Contribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Fle	Make check payab orida Department of ERS AND DIRECTOR	of State	
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIE P EMERY, RUSSELL 301 CAMBRIDGE RD, # 302 HOLLYWOOD, FL 33324	9. Election Ca Trust Fund	ampaign Financing Contribution. 11. TITLE NAME	\$5.00 May Be Added to Fees ADDITIONS/CHAP	Fle	Make check payab orida Department of ERS AND DIRECTOR	of State IS IN 10 Inge	
10. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR P EMERY, RUSSELL 301 CAMBRIDGE RD, # 302 HOLLYWOOD, FL 33324 VP	9. Election Ca Trust Fund	ampaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees ADDITIONS/CHAR	NGES TO OFFIC	Make check payab orida Department of ERS AND DIRECTOR	of State IS IN 10 Inge	
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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:

RUSSEN Frequency**

RUSSEN Frequency

Russell Emery NTED NAME OF SIGNING OFFICER OR DIRECTOR