

DOCUMENT # N99000004755

1. Entity Name

FRIENDS OF THE CARPENTER, INCORPORATED

Principal Place of Business

104 N. WOLFF ST.
FERNANDINA BEACH FL 32034

Mailing Address

104 N. WOLFF ST.
FERNANDINA BEACH FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3590665Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GRACE, WILLIAM P III
104 N. WOLFF ST.
FERNANDINA BEACH FL 32034

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	GRACE, WILLIAM P III	104 N. WOLFF ST.	FERNANDINA BEACH FL 32034	CHAIRMAN	GEORGE SHEFFIELD	1560 CANOPY DRIVE	FERNANDINA BEACH, FL 32034
D	RICHO, JEANETTE M	211 SOUTH 10TH ST.	FERNANDINA BEACH FL 32034	D	DR BRUCE JONES	601 CENTRE STREET	FERNANDINA BEACH, FL 32034
D	GRACE, GAIL C	104 N. WOLFF ST.	FERNANDINA BEACH FL 32034	D	FOY MULLOV	1087 S. FLORENCE	FERNANDINA BEACH, FL 32034
D	STOUGHTON, LINCOLN D	2550 VIA DEL REY	FERNANDINA BEACH FL 32034	D	BISHOP WARELL AVANIS	PO Box 16249	FERNANDINA BEACH, FL 32035-3122

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5 JAN 01

(904) 321-1367

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90075 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR26037 (10/00)