2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004
Secretary of State

DOCUMENT# N99000007050

Entity Name: FRIENDS OF GRAYTON BEACH STATE RECREATION AREA, INC.

Current Principal Place of Business:

SANTA ROSA BEACH
33 GULF BREEZE DRIVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1869
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 31-1716757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DODD, ANDREW J
36 SAVELLE DRIVE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: SOLOMON, MARTHA
Address: 10 WHITE SANDS DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DVP ( ) Delete
Name: PERRY, JIM
Address: 33 GULF BREEZE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DP ( ) Delete
Name: PATTON, TOM
Address: 111 LITTLE REDFISH LANE, #1730
City-St-Zip: SANTA ROSA BEACH, FL 32457

Title: DT ( ) Delete
Name: DODD, ANDY
Address: 36 SAVELLE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREW J. DODD DT 07/21/2004

Electronic Signature of Signing Officer or Director — Date