2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007050

FILED Jan 30, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

P.O. BOX 1869

SANTA ROSA BEACH, FL 32459

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DODD, ANDREW J PATTON, THOMAS S 168 BUNKER PLACE 504 RICKER AVENUE

SANTA ROSA BEACH, FL 32459 US SANTA ROSA BEACH, FL 32459 US

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: THOMAS S. PATTON 01/30/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: DS () Delete Title: DP (X) Change () Addition

Name:SOLOMON, MARTHAName:SOLOMON, MARTHAAddress:10 WHITE SANDS DRIVEAddress:10 WHITE SANDS DRIVECity-St-Zip:SANTA ROSA BEACH, FL 32459City-St-Zip:SANTA ROSA BEACH, FL 32459

Title: DVP () Delete Title: () Change () Addition

Name: PERRY, JIM Name:
Address: 33 GULF BREEZE DRIVE Address:

Address: 33 GULF BREEZE DRIVE Address:
City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip:

Title: DP () Delete Title: () Change () Addition

 Name:
 PATTON, TOM
 Name:

 Address:
 111 LITTLE REDFISH LANE, #1730
 Address:

 City-St-Zip:
 SANTA ROSA BEACH, FL 32457
 City-St-Zip:

Title: DT () Delete Title: () Change () Addition

 Name:
 DODD, ANDY
 Name:

 Address:
 168 BUNKER PLACE
 Address:

 City-St-Zip:
 SANTA ROSA BEACH, FL 32459
 City-St-Zip:

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: THOMAS S. PATTON DP 01/30/2006