

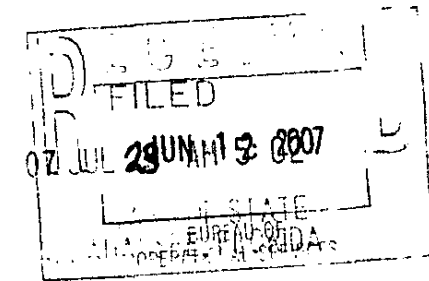
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000007050	
1. Entity Name FRIENDS OF GRAYTON BEACH STATE RECREATION AREA, INC.	



Principal Place of Business SANTA ROSA BEACH 33 GULF BREEZE DRIVE SANTA ROSA BEACH, FL 32459	Mailing Address P.O. BOX 1869 SANTA ROSA BEACH, FL 32459
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05022007 Chg-NP CR2E037 (12/06)

4. FEI Number 31-1716757		Applied For ☐ Not Applicable
5. 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	
PATTON, THOMAS S 504 RICKER AVENUE SANTA ROSA BEACH, FL 32459		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	--	------

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
--	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	SOLOMON, MARTHA			NAME			
STREET ADDRESS	10 WHITE SANDS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459			CITY-ST-ZIP			
TITLE	DVP	☐ Delete		TITLE	DT	☒ Change ☐ Addition	
NAME	PERRY, JIM			NAME	Perry, Jim		
STREET ADDRESS	33 GULF BREEZE DRIVE			STREET ADDRESS	33 Gulf Breeze Drive		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459			CITY-ST-ZIP	Santa Rosa Beach, FL 32459		
TITLE	DP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	PATTON, TOM			NAME			
STREET ADDRESS	111 LITTLE REDFISH LANE, #1730			STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32457			CITY-ST-ZIP			
TITLE	DT	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	DODD, ANDY			NAME			
STREET ADDRESS	168 BUNKER PLACE			STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: <i>[Signature]</i>	June 1, 2007	85° 974-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #



Florida Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

July 17, 2007

Mr. Sean Toner
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify to you that the Friends of Grayton Beach State Recreation Area, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

If further information is needed feel free to contact Eryn Calabro at 245-2939.

Sincerely,

A handwritten signature in black ink that reads "Mike Bullock". The signature is written in a cursive, flowing style.

Mike Bullock
Director
Florida Park Service

MB/edc

Attachments