

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0007894

DOCUMENT # N99000007050

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



FILED
03 APR -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **31-1716757**
Applied For
Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DODD, ANDREW J
59 GULF BREEZE DRIVE-
SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent
Name **Andrew J. Dodd**
Street Address (P.O. Box Number is Not Acceptable)
36 Saville Drive
City **Santa Rosa Beach FL** Zip Code **32459**

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

FILE NOW: FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SOLOMON, MARTHA 10 WHITE SANDS DRIVE SANTA ROSA BEACH FL 32459	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PERRY, JIM 33 GULF BREEZE DRIVE SANTA ROSA BEACH FL 32459	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATTON, TOM 111 LITTLE REDFISH LANE, #1730 SANTA ROSA BEACH FL 32457	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP ALEXANDER, EDMUND 58 OLD MILLER PL SANTA ROSA BEACH FL 32457	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DODD, ANDY 59 GULF BREEZE DRIVE SANTA ROSA BEACH FL 32459	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

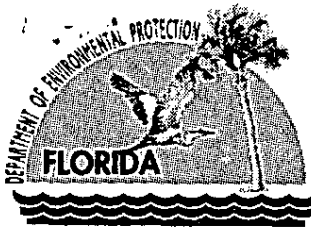
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	36 Saville Drive Santa Rosa Beach, FL 32459	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 any address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3/6/03** Daytime Phone # **850-231-0933**

CR2E037 (10/02)



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

April 1, 2003

Mr. Sean Toner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Mr. Toner,

This letter is to certify to you that 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.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Warmest regards,

Wendy Spencer, Director
Florida Park Service

WS/pwb

Attachments