

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008707

**Entity Name:** FRIENDS OF HIGH SCHOOL LACROSSE FOR MARTIN COUNTY, INCORPORATED

**FILED**  
**Apr 07, 2013**  
**Secretary of State**  
**CC6980626925**

**Current Principal Place of Business:**

2 RIVERVIEW DRIVE  
STUART, FL 34996

**Current Mailing Address:**

5610 SW GROVE STREET  
PALM CITY, FL 34990 US

**FEI Number: 26-3118396**

**Certificate of Status Desired: No**

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

RIPPER, KAREN K  
5610 SW GROVE STREET  
PALM CITY, FL 34990 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	KIMES, DIANE B.	Name	CONWAY, BETH
Address	2 RIVERVIEW DRIVE	Address	4 OAK HILL WAY
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996
Title	SEC	Title	TREA
Name	KLAHNE, SUE	Name	RIPPER, KAREN
Address	5354 SW ORCHID BAY DRIVE	Address	P.O.BOX 9010
City-State-Zip:	PALM CITY FL 34990	City-State-Zip:	STUART FL 34995

*I hereby 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 all other like empowered.*

**SIGNATURE: KAREN RIPPER**

**TREASURER**

**04/07/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date