

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007050

FILED
Jan 10, 2013
Secretary of State
CC6445453573**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**Current Mailing Address:**P.O. BOX 1869
SANTA ROSA BEACH, FL 32459**FEI Number: 31-1716757****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERRY, JIM
33 GULF BREEZE DR
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	MCQUISTON, BONNIE
Address	14 ALLIGATOR COVE
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	TREASURER
Name	PERRY, JIM
Address	33 GULF BREEZE DRIVE
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	PRESIDENT
Name	PATTON, TOM
Address	504 RICKER AVE
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	SECRETARY
Name	CROZE-PERRY, MARIANNE
Address	33 GULF BREEZE DR
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	D
Name	WOLFE, TOM
Address	80 DOLPHIN LOOP
City-State-Zip:	PANAMA CITY FL 32413

Title	D
Name	WOLFE, MARY
Address	80 DOLPHIN LOOP
City-State-Zip:	PANAMA CITY FL 32413

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: JIM PERRY**TREASURER****01/10/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date