

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$325)**

**APPROVED
AND
FILED**

95 JUN 15 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16667 (0)

1. Corporation Name
1000 FRIENDS OF FLORIDA, INC.

Principal Place of Business Mailing Address
**524 EAST COLLEGE AVENUE 524 EAST COLLEGE AVENUE
P.O. BOX 5948 (ZIP 32314) P.O. BOX 5948 (ZIP 32314)
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/05/1986	3a. Date of Last Report 02/03/1994
4. FEI Number 59-2761163	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent
**MURLEY, JAMES F.
524 EAST COLLEGE AVENUE, SUITE #1
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name same
82 Street Address (P.O. Box Number is Not Acceptable) 926 E. PARK AVENUE
83
84 City same
85 Zip Code FL 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE N/A DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE D	MURLEY, JAMES E
NAME	926 E. PARK AVE.
STREET ADDRESS	TALLAHASSEE FL
CITY - ST - ZIP	
TITLE P	DEGROVE, JOHN M.
NAME	FAU/FlU, 220 SE 2ND AVE
STREET ADDRESS	FT LAUDERDALE FL
CITY - ST - ZIP	
TITLE VD	KUMPE, MARY A.
NAME	1564 BAY POINT DR.
STREET ADDRESS	SARASOTA FL
CITY - ST - ZIP	
TITLE D	APTHORP, JIM
NAME	15307 AMBERLY DR, #1801
STREET ADDRESS	TAMPA FL
CITY - ST - ZIP	
TITLE C	REED, NATHANIEL PRYOR
NAME	6 RIVERVIEW ROAD
STREET ADDRESS	HOBE SOUND FL
CITY - ST - ZIP	
TITLE TD	SOKOLOW, JERRY
NAME	1680 N.E. 135TH ST. #255
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	DAVID
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: James F. Murley **JAMES F. MURLEY** 6/14/95 909 222-6277
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CR2E037 (3-95)