

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16667

FILED
Jan 05, 2005
Secretary of State

Entity Name: 1000 FRIENDS OF FLORIDA, INC.

Current Principal Place of Business:

926 E PARK AVENUE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5948
TALLAHASSEE, FL 323145948 US

New Mailing Address:

FEI Number: 59-2761163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTISON, CHARLES G
926 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: PATTISON, CHARLES G
Address: 926 E PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: P () Delete
Name: JACKSON, TIMOTHY
Address: 33 EAST PINE ST.
City-St-Zip: ORLANDO, FL 32801

Title: VP () Delete
Name: STROUD, NANCY
Address: 3111 STIRING RD
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: WATTS, ALLEN C
Address: P.O. BOX 2491
City-St-Zip: DAYTONA BEACH, FL 3215-491

Title: TD () Delete
Name: CUTRIGHT, STEPHEN
Address: 2646-A MITCHAM DR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ABBERGER, LESTER
Address: POST OFFICE BOX 1168
City-St-Zip: TALLAHASSEE, FL 32302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: CUTRIGHT, STEPHEN
Address: 273 PINWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY JACKSON

P

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date