10. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME FAW, LINDA NAME Taide Crech STREET ADDRESS mainst FL STREET ADDRESS 3 PUTTER LANE CITY-ST-ZIP CITY-ST-ZIP PALATKA FL 32177 Board Member Deninge TITLE_ Addition ☐ Defete T/T) F Mike Couson CREECH, CLAUDE NAME NAME POBOXSIG STREET ADDRESS STREET ADDRESS 3 PUTTER LANE CITY-ST-7IP CITY-ST-7IP PALATKA FL 32177 Board Chair | Change Argela Mullins ☐ Addition TITLE TITLE Delete CONKEY, BILL NAME NAME 6561 St Johns Ade STREET ADDRESS STREET ADDRESS 3 PUTTER LANE CITY-ST-ZIP Palatku FL 32177 CITY-ST-7IP PALATKA FL 32177 Board Menute/ Change **∠** Addition ynn Hilker 200 Harkst TITLE TITLE □ Delete CAYSON, MIKE NAME NAME STREET ADDRESS STREET ADDRESS 3 PUTTER LANE CITY-ST-ZIP alatka FL 32177

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 an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Director

Linda Faw

estouer Circle

SIGNATURE

PALATKA FL 32177

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

∠ Addition

Change