DOCUMENT# N03000003009

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: FRIENDS OF DUNN'S CREEK STATE PARK, INC.

Current Principal Place of Business:

320 SISCO ROAD POMONA PARK, FL 32181-2102

Current Mailing Address:

P.O. BOX 147 POMONA PARK, FL 32181

FEI Number: 81-0605774

Name and Address of Current Registered Agent:

CARR, SAM T 108 RIVERSIDE DRIVE SATSUMA, FL 32189 US

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	CARR, SAM T	Name	GOODING, DON F
Address	108 RIVERSIDE DRIVE	Address	414 BRONSON STREET
City-State-Zip:	SATSUMA FL 32189	City-State-Zip:	PALATKA FL 32177
Title	DIRECTOR	Title	DIRECTOR
Name	HECKMAN, CHERYL	Name	TRAIL, ROBERT
Address	152 FULTON ROAD	Address	219 LAKE COMO DR
City-State-Zip:	PALATKA FL 32177	City-State-Zip:	POMONA PARK FL 32181
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR HODGE, KATHLEEN	Title Name	DIRECTOR MARTIN, CAROLE
Name	HODGE, KATHLEEN 500 STOKES LANDING ROAD	Name	MARTIN, CAROLE 219 LAKE COMO DR
Name Address	HODGE, KATHLEEN 500 STOKES LANDING ROAD	Name Address	MARTIN, CAROLE 219 LAKE COMO DR
Name Address City-State-Zip:	HODGE, KATHLEEN 500 STOKES LANDING ROAD PALATKA FL 32177	Name Address City-State-Zip:	MARTIN, CAROLE 219 LAKE COMO DR POMONA PARK FL 32181
Name Address City-State-Zip: Title	HODGE, KATHLEEN 500 STOKES LANDING ROAD PALATKA FL 32177 DIRECTOR	Name Address City-State-Zip: Title	MARTIN, CAROLE 219 LAKE COMO DR POMONA PARK FL 32181 VP
Name Address City-State-Zip: Title Name	HODGE, KATHLEEN 500 STOKES LANDING ROAD PALATKA FL 32177 DIRECTOR RUNDLE, ROBERT 104 LAKE SHORE LANE	Name Address City-State-Zip: Title Name	MARTIN, CAROLE 219 LAKE COMO DR POMONA PARK FL 32181 VP MAHAFFEY, KEN 477 S. HIGHWAY 17

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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: SAM T. CARR

PRESIDENT

01/17/2017

Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 17, 2017 Secretary of State CC5647670176

Officer/Director Detail Continued :

Title	SECRETARY	Title	DIRECTOR
Name	MITCHELL, JOY	Name	STEWART, DOUG
Address	P.O. BOX 147	Address	1754 COUNTY ROAD 308
City-State-Zip:	POMONA PARK, FL FL 32181	City-State-Zip:	CRESCENT CITY FL 32112

TitleDIRECTORNameBRADSHAW, RONALDAddress4095 REID STREETCity-State-Zip:PALATKA FL 32177