

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003009

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****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARR, SAM T
108 RIVERSIDE DRIVE
SATSUMA, FL 32189 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 VP
Name CARR, SAM T
Address P.O. BOX 147
City-State-Zip: POMONA PARK FL 32181

Title PRESIDENT
Name MAHAFFEY, KEN
Address P.O. BOX 147
City-State-Zip: POMONA PARK FL 32181

Title SECRETARY, TREASURER
Name MITCHELL, LINDA JOY
Address P.O. BOX 147
City-State-Zip: POMONA PARK FL 32181

Title DIRECTOR
Name RAUSCHER, ARNOLD
Address P.O. BOX 147
City-State-Zip: POMONA PARK FL 32181

Title DIRECTOR
Name SIMMS, JUDY
Address P.O. BOX 147
City-State-Zip: POMONA PARK FL 32181

Title DIRECTOR
Name STALLINGS, MICHAEL E
Address P.O. BOX 147
City-State-Zip: POMONA PARK FL 32181

Title DIRECTOR
Name NOLAN, ROBERT
Address P.O. BOX 147
City-State-Zip: POMONA PARK FL 32181

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: LINDA JOY MITCHELL**SECRETARY,
TREASURER****01/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date