

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N05000004289

Entity Name: FRIENDS OF SILVER SPRINGS STATE PARK, INC.

Current Principal Place of Business:

1425 NE 58TH AVE
OCALA, FL 34470

Current Mailing Address:

1425 NE 58TH AVE
OCALA, FL 34470

FEI Number: 56-2511929

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WALSH, MARY JEANNE
3827 NE 17TH STREET CIRCLE
OCALA, FL 34470 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: MARY JEANNE WALSH

04/23/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MARCOUX, MARIANNE
Address 8520 SE 175TH CT.
City-State-Zip: OCKLAWAHA FL 32179

Title DIRECTOR
Name NICKERSON, WALTER CAR
Address 1629 NE 39TH AVENUE, APT H
City-State-Zip: OCALA FL 34470

Title PRESIDENT
Name ROSSITER, DAVID
Address 2067 NW 50TH CIRCLE
City-State-Zip: OCALA FL 34482

Title DIRECTOR
Name ROSSITER, ANDREA
Address 2067 NW 50TH CIRCLE
City-State-Zip: OCALA FL 34882

Title TREASURER
Name WALSH, MARY JEANNE
Address 3744 INFINITY RUN
City-State-Zip: THE VILLAGES FL 32163

Title DIRECTOR
Name RIPPEL, KERSTIN
Address 775 SE 163RD CT
City-State-Zip: SILVER SPRINGS FL 34488

Title DIRECTOR
Name SPRIGG, BARBARA TOEPPEN
Address 8422 SW 82ND CIRCLE
City-State-Zip: OCALA FL 34481

Title VP
Name BAGGS, CRAIG
Address 401 SE 49TH AVE
City-State-Zip: OCALA FL 34471

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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: MARY JEANNE (MJ) WALSH

TREASURER

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	BENSON, TAYLOR	Name	BROOKS, JENA
Address	2437 NE 6TH ST	Address	1908 SE 5TH ST
City-State-Zip:	OCALA FL 34470	City-State-Zip:	OCALA FL 34471
Title	DIRECTOR		
Name	SCHWARTZ, MARTIN		
Address	3827 NE 17TH STREET CIRCLE		
City-State-Zip:	OCALA FL 34470		