

2015 FLORIDA NOT FOR PROFIT CORPORATION 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:** No**Name and Address of Current Registered Agent:**SPIEWAK, CLAUDIA T
1425 NE 58TH AVE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	OFFICER
Name	SPIEWAK, CLAUDIA
Address	1425 NE 58TH AVE
City-State-Zip:	OCALA FL 34470

Title	OFFICER
Name	DRUDING, VINCE
Address	6750 NW 62ND ST RD
City-State-Zip:	OCALA FL 34482

Title	SECRETARY
Name	TAGGART, CANDY
Address	620 NE 62ND TERRACE
City-State-Zip:	OCALA, FL 34470

Title	PRESIDENT
Name	KAUFMAN, JANE
Address	16991 E FORT KING ST
City-State-Zip:	SILVER SPRINGS FL 34488

Title	TREASURER
Name	DICKENSHEET, DRUCILLA
Address	5541 SW 86TH STREET
City-State-Zip:	OCALA FL 34476

Title	OFFICER
Name	WAIWADA, MARK
Address	PO BOC 524
City-State-Zip:	SILVER SPRINGS FL 34489

Title	OFFICER
Name	BAILEY, KATHY
Address	16953 SE 56TH STREET
City-State-Zip:	Ocklawaha FL 32179

Title	VP
Name	YEAGLE, NORMAN
Address	65 ALMOND ROAD
City-State-Zip:	OCALA FL 34472

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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: CLAUDIA SPIEWAK**OFFICER****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title OFFICER
Name REED, PAMELA
Address 1715 NE 47TH CT
City-State-Zip: OCALA FL 34470

Title OFFICER
Name SCHWARTZ, BARBARA
Address 3827 NE 17TH STREET CIRCLE
City-State-Zip: OCALA FL 34470

Title OFFICER
Name HAMMOND, SALLY
Address 8284 D SW 90TH STREET
City-State-Zip: OCALA FL 34481