

2017 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:**DONALDSON, DICK
5889 NE 43RD LANE ROAD
SILVER SPRINGS, FL 34488 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:** DICK DONALDSON

01/22/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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 DIRECTOR
Name DICKENSHEET, DRUCILLA
Address 4217 SE 103ND LANE
City-State-Zip: BELLEVIEW FL 34470

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

Title DIRECTOR
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

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

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

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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: DICK DONALDSON

TREASURER

01/22/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title TREASURER
Name DONALDSON, DICK
Address 5889 NE 43RD LANE ROAD
City-State-Zip: SILVER SPRINGS FL 34488