

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004638

Entity Name: FRIENDS OF ST. JOSEPH STATE PARKS, INC.**Current Principal Place of Business:**8899 CAPE SAN BLAS RD
PORT SAINT JOE, FL 32456**Current Mailing Address:**PO BOX 1285
PORT ST. JOE, FL 32457**FEI Number: 51-0586123****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAPTE, DAVID R
797 CAPE SAN BLAS RD
PORT ST. JOE, FL 32456 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: DAVID SAPTE****02/02/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JAMES, WHITE
Address 123 SANDELWOOD BLVD
City-State-Zip: PORT SAINT JOE FL 32456

Title VP
Name MCGHEE, BILL
Address 6062 ANCHOR LANE
City-State-Zip: PORT ST JOE FL 32456

Title MEMBERSHIP DIRECTOR
Name WHEALTON, STEVE
Address 215 NINTH STREET
City-State-Zip: PORT SAINT JOE FL 32456

Title TREASURER
Name SAPTE, DAVID R
Address 797 CAPE SAN BLAS RD
City-State-Zip: PORT ST JOE FL 32456

Title SECRETARY
Name BEHAGE, LINDA
Address 5974 CR30-A
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR
Name BLAYLOCK, DEWEY
Address 7750 ROBINWOOD DRIVE
City-State-Zip: PORT ST JOE FL 32456

Title ASST. TREASURER
Name WILLIAMS, GREGG
Address 112 FLORIDA AVENUE
City-State-Zip: PORT ST JOE FL 32456

Title MARKETING DIRECTOR
Name SWINDALL, JESSICA
Address PO BOX 705
City-State-Zip: PORT ST JOE FL 32457

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: DAVID SAPTE**TREASURER****02/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date