

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004638

FILED
Mar 14, 2019
Secretary of State
1769055769CC

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:

BRANSON, CAROLYN
1803 GARRISON AVENUE
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: CAROLYN BRANSON

03/14/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SWINDALL, JESSICA
Address P.O. BOX 705
City-State-Zip: PORT ST JOE FL 32457

Title VP
Name WOMACK, STEVE
Address 302 19TH STREET
City-State-Zip: PORT ST. JOE FL 32456

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

Title TREASURER
Name BRANSON, CAROLYN
Address 1803 GARRISON AVENUE
City-State-Zip: PORT ST JOE FL 32456

Title SECRETARY
Name CROASMUN, LISA
Address 513 7TH STREET
City-State-Zip: PORT ST JOE FL 32456

Title MEMBERSHIP DIRECTOR
Name WHITE, JAMES
Address 227 WATERS EDGE DRIVE
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR
Name ABBOTT, PETER
Address 2012 MONUMENT AVENUE
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR
Name CROASMUN, KEITH
Address 513 7TH STREET
City-State-Zip: PORT ST JOE FL 32456

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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: CAROLYN BRANSON

TREASURER

03/14/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BRADLEY, DONNA
Address 9560 CR 30A
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR
Name MATNEY, TYLER
Address PO BOX 1285
City-State-Zip: PORT ST. JOE FL 32457

Title DIRECTOR
Name WOMACK, HEATHER B
Address 302 19TH STREET
City-State-Zip: PORT ST JOE FL 32456