

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006270

FILED
Jan 11, 2021
Secretary of State
1784783331CC

Entity Name: THE PARRISH FOUNDATION, INC.

Current Principal Place of Business:

2012 ISLAND ESTATE DRIVE
PARRISH, FL 34219

Current Mailing Address:

POST OFFICE BOX 794
PARRISH, FL 34219

FEI Number: 32-0254616

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATTERSON, BRIAN
13615 22ND CT E
PARRISH, FL 34219 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: BRIAN WATTERSON

01/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DOWLING, RAE
Address 1177 NORTH LIME AVENUE
City-State-Zip: SARASOTA FL 34237

Title DVP
Name JORDAN, BEN
Address 2012 ISLAND ESTATE DRIVE
City-State-Zip: PARRISH FL 34219

Title PRESIDENT
Name PRESHA, MICKEY
Address 12271 US HIGHWAY 301 NORTH
City-State-Zip: PARRISH FL 34219

Title ASST. TREASURER
Name ANDERSON, ALAN V
Address 13615 22ND CT. E
City-State-Zip: PARRISH FL 34219

Title SECRETARY
Name JORDAN, REBECCA
Address 2012 ISLAND ESTATE DRIVE
City-State-Zip: PARRISH FL 34219

Title TREASURER
Name WATTERSON, BRIAN
Address 6702 76TH AVE E
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name WILLIAMSON, MIKE
Address 8850 39TH STREET CIRCLE E.
City-State-Zip: PARRISH FL 34219

Title DIRECTOR
Name KEEN, CALLON JR.
Address 314 15TH AVE
City-State-Zip: PALMETTO FL 34221

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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: BRIAN WATTERSON

TREASURER

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCCLAIN, IRIS
Address 8690 ERIE CT
City-State-Zip: PARRISH FL 34219