

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008271

**Entity Name:** FLORIDA COASTAL CONSERVANCY, INC.

**Current Principal Place of Business:**

1001 10TH STREET  
PORT SAINT JOE, FL 32456

**Current Mailing Address:**

P.O.BOX 611  
PORT SAINT JOE, FL 32457 US

**FEI Number:** 45-3595834

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SWINDALL, JESSICA  
817 MARVIN AVENUE  
PORT SAINT 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:** JESSICA SWINDALL

02/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name EHRMAN, JOHN  
Address 385 BLUE HERON DR  
City-State-Zip: PORT ST JOE FL 32456

Title PRESIDENT  
Name SWINDALL, JESSICA  
Address 817 MARVIN AVENUE  
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR  
Name WAGNER, KIM  
Address 610 N CANAL DR  
City-State-Zip: PORT SAINT JOE FL 32456

Title DIRECTOR  
Name EASTON, PENNY R  
Address 144 BETTY DRIVE  
City-State-Zip: PORT SAINT JOE FL 32456

Title DIRECTOR  
Name RINEHART, JANNA  
Address 1493 INDIAN PASS ROAD  
City-State-Zip: PORT SAINT JOE FL 32456

Title TREASURER  
Name WARHOL, MARIANNE  
Address 5448 CAPE SAN BLAS ROAD  
City-State-Zip: PORT ST. JOE FL 32456

Title SECRETARY  
Name KEIGLEY, LOU  
Address 423 GULF STREET  
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR  
Name GROSS, SHARON  
Address 3050 W. HWY. 98  
D132  
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:** JESSICA SWINDALL

PRESIDENT

02/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SCHROEDER, MARGARET  
Address        4706 CAPE SAN BLAS ROAD  
City-State-Zip: PORT ST. JOE FL 32456