

**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	DIRECTOR
Name	WAGNER, KIM
Address	610 N CANAL DR
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	SECRETARY
Name	KEIGLEY, LOU
Address	423 GULF STREET
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	EASTON, PENNY R
Address	144 BETTY DRIVE
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	DIRECTOR
Name	GROSS, SHARON
Address	3050 W. HWY. 98 D132
City-State-Zip:	PORT ST. JOE FL 32456

**Continues on page 2**

*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