

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005978

**Entity Name:** FRIENDS OF WILLISTON POLICE DEPARTMENT, INC.

**Current Principal Place of Business:**

161 N. MAIN STREET  
WILLISTON, FL 32696

**Current Mailing Address:**

161 N. MAIN STREET  
WILLISTON, FL 32696

**FEI Number: 45-5512374**

**Certificate of Status Desired: No**

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

SHARON C. BRANNAN, CPA PA  
161 N. MAIN STREET  
WILLISTON, FL 32696 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name BYRD, CAL  
Address 740 NW 7TH BLVD.  
City-State-Zip: WILLISTON FL 32696

Title D  
Name GRAY, JOHN  
Address 1950 SW 156 TERRACE  
City-State-Zip: WILLISTON FL 32696

Title D  
Name WHITEHURST, DEVON  
Address 20951 NE 75TH STREET  
City-State-Zip: WILLISTON FL 32696

Title D  
Name BRANNAN, SHARON  
Address 161 N. MAIN STREET  
City-State-Zip: WILLISTON FL 32696

Title D  
Name KIRBY, DARYL  
Address 614 NE 10TH BLVD  
City-State-Zip: WILLISTON FL 32696

Title D  
Name TENBROECK, CAROLYN  
Address 1951 NE 155TH COURT  
City-State-Zip: WILLISTON FL 32696

*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: SHARON BRANNAN**

**DIRECTOR**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date