

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002720

Entity Name: FRIENDS OF THE SPOIL ISLANDS, INC.

Current Principal Place of Business:

1717 ORANGE AVE.
4166
FORT PIERCE, FL 34950

Current Mailing Address:

P.O. BOX 4166
FORT PIERCE, FL 34948 US

FEI Number: 47-1267633

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIBSON, BILLY
4686 SW JOFFRE ST
PORT ST. LUCIE, FL 34953 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 GIBSON, BILLY
Address 4686 SW JOFFRE ST.
City-State-Zip: PORT ST. LUCIE FL 34953

Title D
Name POZGAR, CHRISTOPHER
Address 5390 S. US HIGHWAY 1
City-State-Zip: GRANT FL 32949

Title D
Name VOSS, DONALD
Address 323 LEEWARD LANE #202
City-State-Zip: FT. PIERCE FL 34949

Title D
Name APPEL, EZRA
Address 999 SW 38TH ST.
City-State-Zip: PALM CITY FL 34990

Title D
Name BURKE, JAMES
Address 3206 S. LAKEVIEW CIRCLE #1-206
City-State-Zip: FT. PIERCE FL 34949

Title D
Name JARMAN, TOBY
Address 1755 SEAGROVE DRIVE
City-State-Zip: VERO BEACH FL 32963

Title D
Name HENRY, CHARLES
Address 8340 PALADIN SQUARE
City-State-Zip: VERO BEACH FL 32967

Title D
Name MANGOLD, CATHY
Address 161 DELAWARE AVE.
City-State-Zip: SEBASTIAN FL 32958

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: EZRA APPEL

TREASURER

03/23/2016

Electronic Signature of Signing Officer/Director Detail

Date