

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000007169

Entity Name: FORWARD DEFUNIAK, INCORPORATED**Current Principal Place of Business:**504 CIRCLE DRIVE
NA NA
DEFUNIAK SPRINGS, FL 32435**Current Mailing Address:**504 CIRCLE DRIVE
NA NA
DEFUNIAK SPRINGS, FL 32435 US**FEI Number:** 35-2599714**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HENDERSON, MELINDA C, DR.
504 CIRCLE DRIVE
NA NA
DEFUNIAK SPRINGS, FL 32435 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:** MELINDA C. HENDERSON

02/06/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR/PRESIDENT
Name SANGL, RUDOLF J.
Address 119 BOB MCCASKILL DRIVE.
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title DIRECTOR/VICE PRESIDENT
Name MORRISON, BRUCE
Address 620 CIRCLE DR.
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title DIRECTOR/SECRETARY
Name LEE, GENEVA
Address 870 HWY. 331 NORTH
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title COMMUNITY LIAISON
Name JOHNSON, DORIS
Address P.O. BOX 652
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title COMMUNITY LIAISON
Name EVANS, JAY NA NA
Address 770 BALDWIN AVENUE
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title DIRECTOR/TREASURER
Name COSSON, DANIEL
Address 247 LIVE OAK AVENUE
City-State-Zip: DEFUNIAK SPRINGS FL 32435

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: RUDOLF J. SANGL

PRESIDENT

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date