# 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N1700008254

Entity Name: INDEPENDENCE LANDING, INC.

# **Current Principal Place of Business:**

2910 KERRY FOREST PARKWAY D4 #231 TALLAHASSEE, FL 32309

## **Current Mailing Address:**

2910 KERRY FOREST PARKWAY D4 #231 TALLAHASSEE, FL 32309 US

#### FEI Number: 82-2792376

# Name and Address of Current Registered Agent:

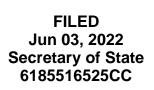
GOODSON, CINDI 2910 KERRY FOREST PARKWAY D4 #231 TALLAHASSEE, FL 32309 US

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	: CINDI GOODSON			06/03/2022			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	D	Title	VC				
Name	DUDEK, ELIZABETH	Name	KETCHAM, CLINTON BRETT				
Address	4617 KILLIMORE LN	Address	706 MIDDLEBROOKS CIRCLE				
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32312				
Title	D	Title	D				
Name	LEONARD, DEBORAH	Name	MENDICINO, TERRY				
Address	2615 CENTENNIAL BLVD	Address	3019 HAWKS LANDING DR				
City-State-Zip:	STE. 200 TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32309				
Ony Olate Zip.		Title	TREASURER				
Title	SECRETARY	Name	GOODSON, CINDI				
Name	WILSON, DENISE	Address	10426 MCCRACKEN RD				
Address	4060 OAKSHIRE CT	City-State-Zip:					
City-State-Zip:	TALLAHASSEE FL 32309						
Title	DIRECTOR	Title	DIRECTOR, CHAIRMAN				
		Name	BARNES, BRICE				
Name	BREWER, SCOTT	Address	3607 MOSSY CREEK LANE				
Address	5718 TOWER ROAD	City-State-Zip:	TALLAHASSEE FL 32311				
City-State-Zip:	TALLAHASSEE FL 32303						
		Continues of	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.

TREASURER



Certificate of Status Desired: Yes

06/03/2022 Date

## **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR	
Name	ZIFFER, GIL	Name	MCNEILL, CARRIE	
Address	1448-1 TERRACE	Address	2759 MILLSTONE PLANTATION ROAD	
City-State-Zip:	TALLAHASSEE FL 32303	City-State-Zip:	TALLAHASSEE FL 32312	
Title	DIRECTOR	Title	DIRECTOR	
Name	AUGER, STEVE	Name	BREWSTER, CAROLINE	
Address	1421 COVEY RIDE STREET W	Address	4500 BROAD HAVEN LANE	
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32309	
Title	DIRECTOR	Title	DIRECTOR	
Name	BROWN, JON	Name	CATOE, VERONICA	
Address	914 RAILROAD AVENUE, SUITE #6	Address	1618 MAHAN CENTER BLVED, STE	
City-State-Zip:	TALLAHASSEE FL 32310	Address	103	
		City-State-Zip:	TALLAHASSEE FL 32308	
Title	DIRECTOR	<b></b>	RIDEOTOR	
Name	CHAMBERS, STACY DR.	Title	DIRECTOR	
Address	101 MARTIN FARMS ROAD	Name	KLAY, WILLIAM EARLE	
City-State-Zip:	CRAWFORDVILLE FL 32327	Address	3222 INDEPENDENCE COURT	
,		City-State-Zip:	TALLAHASSEE FL 32312	