

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N17000008254

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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICHARD, ALLISON T
6035 BOYNTON HOMESTEAD
TALLAHASSEE, FL 32312 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 DIRECTOR
Name RICHARD, ALLISON T
Address 6035 BOYNTON HOMESTEAD
City-State-Zip: TALLAHASSEE FL 32312

Title D
Name DUDEK, ELIZABETH
Address 4517 KILLIMORE LN
City-State-Zip: TALLAHASSEE FL 32309

Title D
Name GUNTER, BART
Address 515 S RIDE
City-State-Zip: TALLAHASSEE FL 32303

Title D
Name INGRAM, FED
Address 3012 KILLEARN POINT CT
City-State-Zip: TALLAHASSEE FL 32309

Title VC
Name KETCHAM, BRETT
Address 706 MIDDLEBROOKS CIRCLE
City-State-Zip: TALLAHASSEE FL 32312

Title D
Name HASTON, SHADDRICK
Address 1618 MAHAN CENTER BLVD
STE. 103
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name LEONARD, DEBORAH
Address 2615 CENTENNIAL BLVD
STE. 200
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name MCCOY, ANTIONETTE
Address 1300 BALL FARM RD
City-State-Zip: QUINCY FL 32352

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: GIL ZIFFER _____

CHAIRMEN

02/26/2019

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title D
Name MENDICINO, TERRY
Address 3019 HAWKS LANDING DR
City-State-Zip: TALLAHASSEE FL 32309

Title TREASURER
Name GOODSON, CINDI
Address 10426 MCCRACKEN RD
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name BREWER, SCOTT
Address 5718 TOWER ROAD
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name LEACE, JOHN
Address 909 EAST PARK AVENUE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name STAPLETON, TIM
Address 3036 WATERFORD DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name AUGER, STEVE
Address 1421 COVEY RIDE STREET WEST
City-State-Zip: TALLAHASSEE FL 32312

Title SECRETARY
Name WILSON, DENISE
Address 4060 OAKSHIRE CT
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name DAILY, VIRGINIA
Address 703 LIVE OAK PLANATION ROAD
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name BARNES, BRICE
Address 3067 MOSSY CREEK LAND
City-State-Zip: TALLAHASSEE FL 32311

Title CHAIRMAN
Name ZIFFER, GIL
Address P O BOX 3208
City-State-Zip: TALLAHASSEE FL 32315

Title DIRECTOR
Name MCNEILL, CARRIE
Address 10897 LUNA POINT ROAD
City-State-Zip: TALLAHASSEE FL 32312