

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22566

Entity Name: SUPPORTERS OF DEL-NOR WIGGINS PARK, INC.**Current Principal Place of Business:**DELNOR-WIGGINS PASS STATE PARK
11135 GULF SHORE DR. N.
NAPLES, FL 34108**Current Mailing Address:**DELNOR-WIGGINS PASS STATE PARK
11135 GULF SHORE DR. N.
NAPLES, FL 34108**FEI Number:** 65-0013222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KMETZ, JANICE
DELNOR-WIGGINS PASS STATE PARK
11135 GULF SHORE DR. N.
NAPLES, FL 34108 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:** JANICE KMETZ

01/16/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	KMETZ, JANICE
Address	28760 BERMUDA BAY WAY #101
City-State-Zip:	BONITA SPRINGS FL 34134

Title	SECRETARY
Name	THOMPSON, VALERIE
Address	17 BLUEBILL AVE. #303
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR
Name	GRAHAM, DONNA
Address	445 COVE TOWER DR #504
City-State-Zip:	NAPLES FL 34110

Title	TREASURER
Name	COSENTINO, ERIC
Address	9079 THE LANE
City-State-Zip:	NAPLES FL 34109

Title	VP
Name	FINER, KIM
Address	723 106TH AVENUE NORTH
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR
Name	COUNSELMAN, ALBERT
Address	12313 MICHAELSFORD ROAD
City-State-Zip:	COCKEYSVILLE MD 21030

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: ERIC COSENTINO**TREASURER**

01/16/2024

Electronic Signature of Signing Officer/Director Detail

Date