#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29957

Entity Name: FRIENDS OF O'LENO, INC.

### Current Principal Place of Business:

OLENO STATE PARK 410 OLENO PARK RD HIGH SPRINGS, FL 32643

### **Current Mailing Address:**

P.O. BOX 2879 HIGH SPRINGS, FL 32655 US

## FEI Number: 59-3035729

#### Name and Address of Current Registered Agent:

FALCONER, CATHY A 254 SW SERENITY GLN HIGH SPRINGS, FL 32643-1536 US FILED Apr 21, 2020 Secretary of State 3224929503CC

Certificate of Status Desired: No

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:	CATHY A FALCONER			04/21/2020			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	PRESIDENT, DIRECTOR	Title	DIRECTOR				
Name	YOUNG, JOANNA ALBURY	Name	BISCH, ED				
Address	940 SW ROBERTS AVE	Address	2450 NW 10 STREET				
City-State-Zip:	FORT WHITE FL 32038	City-State-Zip:	BELL FL 32619				
Title	VP, DIRECTOR	Title	DIRECTOR				
Name	HUTCHINGS, NANCY	Name	TRAVIS, DRU				
Address	129 SW SANTUCKNEE TER	Address	15337 NW 214 TERRACE				
City-State-Zip:	FORT WHITE FL 32038	City-State-Zip:	HIGH SPRINGS FL 32643				
Title	TREASURER, DIRECTOR	Title	DIRECTOR				
Name	SAGER, JUNE	Name	FALCONER, CATHY				
Address	18974 NW 242 ST	Address	254 SERENITY LANE				
City-State-Zip:	HIGH SPRINGS FL 32643	City-State-Zip:	HIGH SPRINGS FL 32643				
Title	SECRETARY, DIRECTOR	Title	MEMBERSHIP SECRETARY, DIRECTOR				
Name	RUSSIN, MILDRED	Name	MCLAIN, KAREN L				
Address	25705 NW 173 AVE	Address	655 SE DIAMONDBACK GLN				
City-State-Zip:	HIGH SPRINGS FL 32643	City-State-Zip:					

#### 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: JOANNA YOUNG

PRESIDENT

04/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	DARWIN, DEBORAH	Name	MARDIS, BOB
Address	258 SE CATALDO GLN	Address	362 SW CARMINE WAY
City-State-Zip:	HIGH SPRINGS FL 32643	City-State-Zip:	FORT WHITE FL 32038

 Title
 DIRECTOR

 Name
 POLITOWICZ, ROBIN

 Address
 740 NE 10 PLACE

 City-State-Zip:
 GAINESVILLE FL 32601