

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34579

**Entity Name:** FRIENDS OF SAN FELASCO, INC.**Current Principal Place of Business:**12760 NW 109TH LANE  
ALACHUA, FL 32615**Current Mailing Address:**12760 NW 109TH LANE  
ALACHUA, FL 32615 US**FEI Number: 59-3013724****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TALTON, JUDY  
12760 NW 109TH LANE  
ALACHUA, FL 32615 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: JUDY TALTON****01/03/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TALTON, JUDY  
Address        12760 NW 109TH LANE  
City-State-Zip: ALACHUA FL 32615

Title            VP  
Name            KELLEY, MIKE  
Address        12760 NW 109TH LANE  
City-State-Zip: ALACHUA FL 32615

Title            SECRETARY  
Name            ROBINSON, SCOTT  
Address        12760 NW 109TH LANE  
City-State-Zip: ALACHUA FL 32615

Title            TREASURER  
Name            LEPPANEN-LONGSHORE, RIITTA  
Address        12760 NW 109TH LANE  
City-State-Zip: ALACHUA FL 32615

Title            DIRECTOR  
Name            WILSON, CHUCK  
Address        12760 NW 109TH LANE  
City-State-Zip: ALACHUA FL 32615

Title            DIRECTOR  
Name            REESE, DAWN  
Address        12760 NW 109TH LANE  
City-State-Zip: ALACHUA FL 32615

Title            DIRECTOR  
Name            LONGSHORE, HUNTER  
Address        12760 NW 109TH LANE  
City-State-Zip: ALACHUA FL 32615

Title            DIRECTOR  
Name            KALEITA, JOE  
Address        12760 NW 109TH LANE  
City-State-Zip: ALACHUA FL 32615

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*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: JUDY TALTON****PRESIDENT****01/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DEPPE, LUIS  
Address 12760 NW 109TH LANE  
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR  
Name KELLEY, NANCY  
Address 12760 NW 109TH LANE  
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR  
Name POLLARD, JIM  
Address 12760 NW 109TH LANE  
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR  
Name WILLETT, MIKE  
Address 12760 NW 109TH LANE  
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR  
Name GALLAGHER, PATRICK  
Address 12760 NW 109TH LANE  
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR  
Name TORNWALL, BRETT  
Address 12760 NW 109TH LANE  
City-State-Zip: ALACHUA FL 32615