

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003176

**Entity Name:** FRIENDS OF FLORIDA STATE PARKS, INC.**Current Principal Place of Business:**3802 EHRLICH ROAD  
308  
TAMPA, FL 33624**Current Mailing Address:**3802 EHRLICH ROAD  
308  
TAMPA, FL 33624 US**FEI Number: 59-3207818****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PHILPOTT, DON  
3999 OAKINGTON PLACE  
LONGWOOD, FL 32779 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: DON PHILPOTT****01/16/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	TROVILLION, ALLEN
Address	271 WEST HORATIO AVE
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	PENNEKAMP, TOM M
Address	3900 COMMONWEALTH MS 535
City-State-Zip:	TALLAHASSEE FL 32399

Title	D
Name	GUSTAFSON, TAMMY
Address	1000 UNIVERSAL PLAZA
City-State-Zip:	ORLANDO FL 32819

Title	D
Name	HESS, SALLY
Address	423 GRANT ST
City-State-Zip:	DUNEDIN FL 34698

Title	PRESIDENT
Name	PHILPOTT, DON
Address	3999 OAKINGTON PLACE
City-State-Zip:	LONGWOOD FL 32779

Title	TREASURER
Name	RUSSO, PAULA
Address	15010 SW STATE ROAD 45
City-State-Zip:	ARCHER FL 32618

Title	SECRETARY
Name	PINGREE, BEM
Address	116 STRATTONWOOD PL
City-State-Zip:	CRAWFORDVILLE FL 32327

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: DON PHILPOTT****PRESIDENT****01/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date