

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001437

Entity Name: FRIENDS OF MANATEE SPRINGS PARKS, INC.**Current Principal Place of Business:**MANATEE SPRINGS STATE PARK
11650 N.W. 115TH STREET
CHIEFLAND, FL 32626**Current Mailing Address:**MANATEE SPRINGS STATE PARK
11650 N.W. 115TH STREET
CHIEFLAND, FL 32626 US**FEI Number:** 04-3676532**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCMAHON, THOMAS
SUWANNEE THRIFT STORE
1104 S. MAIN ST
CHIEFLAND, FL 32626 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:** THOMAS MCMAHON

04/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LANCASTER, KATHRYN
Address	220 NORTH MAIN STREET
City-State-Zip:	CHIEFLAND FL 32644

Title	SECRETARY
Name	MCMAHON, THOMAS
Address	1104 S MAIN ST
City-State-Zip:	CHIEFLAND FL 32626

Title	TREASURER
Name	BARRINGTON, MICHELLE
Address	3549 NW 25 CIRCLE
City-State-Zip:	BELL FL FL 32619

Title	DIRECTOR
Name	ANDRESEN, TOM
Address	14950 NORTHWEST 81 AVE SUITE 2
City-State-Zip:	FANNING FL 32693

Title	VP
Name	HOLCOMB, RICHARD
Address	9170 OSPREY COVE
City-State-Zip:	FANNING SPRINGS FL 32693

Title	DIRECTOR
Name	HANLEY, VIRGINIA
Address	21 NW 8TH STREET
City-State-Zip:	CHIEFLAND FL 32626

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: THOMAS MCMAHON**SECERTARY**

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date