

2022 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:**PICKERN, AZIE C
MANATEE SPRINGS STATE PARK
11650 N.W. 115TH STREET
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:** AZIE PICKERN

04/20/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ANDRESEN, THOMAS
Address 14950 NORTHWEST 81 AVENUE
City-State-Zip: FANNING SPRINGS FL 32693

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 LANCASTER, KATHRYN
Address 220 NORTH MAIN STREET
 SUITE 2
City-State-Zip: CHIEFLAND FL 32644

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 E ANDRESEN

PRESIDENT

04/20/2022

Electronic Signature of Signing Officer/Director Detail

Date