

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002248

Entity Name: BLACKWATER RIVER FOUNDATION, INC.**Current Principal Place of Business:**5021 HENRY STREET
MILTON, FL 32570**Current Mailing Address:**P. O. BOX 495
BAGDAD, FL 32530**FEI Number:** 04-3699686**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THETFORD, MACK
5329 CONECUH STREET
MILTON, FL 32570 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	THETFORD, MACK
Address	5329 CONECUH STREET
City-State-Zip:	MILTON FL 32570

Title	SD
Name	WALSH, CHRISTINE M
Address	6872 HENDERSON DRIVE
City-State-Zip:	BAGDAD FL 32530

Title	D, TREASURER
Name	CREEL, SUSAN
Address	P. O. BOX 495
City-State-Zip:	BAGDAD FL 32530

Title	DIRECTOR
Name	ALBRECHT, BARBARA
Address	1203 NORTH 16TH STREET
City-State-Zip:	PENSACOLA FL 32503

Title	DIRECTOR
Name	COMPTON, VERNON
Address	5149 SANTA ROSA STREET
City-State-Zip:	MILTON FL 32570

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: MACK THETFORD**PRESIDENT****04/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date