

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004456

Entity Name: KODY SNODGRASS MEMORIAL FOUNDATION, INC.**Current Principal Place of Business:**11565 E GULF TO LAKE HIGHWAY
INVERNESS, FL 34450**Current Mailing Address:**11565 E GULF TO LAKE HIGHWAY
INVERNESS, FL 34450**FEI Number: 82-0549013****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SNODGRASS, ANGELA A
11565 E GULF TO LAKE HIGHWAY
INVERNESS, FL 34450 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	D/S
Name	HEATON, JEAN M
Address	5114 S MANATEE TERR
City-State-Zip:	HOMOSASSA FL 34446

Title	D/T
Name	MCCOY, DEBORAH S
Address	719 S HWY 28
City-State-Zip:	NORWALK IA 50211

Title	D
Name	VELBOOM, RAY
Address	38042 PASCO AVENUE
City-State-Zip:	DADE CITY FL 33525

Title	D
Name	SNODGRASS, REBEL C
Address	5100 S SUFFOLK TERR
City-State-Zip:	HOMOSASSA FL 34446

Title	D/C
Name	SNODGRASS, ANGELA A
Address	11565 E GULF TO LAKE HIGHWAY
City-State-Zip:	INVERNESS FL 34450

Title	D
Name	HARMS, BILL
Address	28 GREENTREE ST
City-State-Zip:	HOMOSASSA FL 34446

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: ANGELA SNODGRASS**CHAIRMAN****03/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date