2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2021
Secretary of State
1227033353CC

DOCUMENT# N05000004289

Entity Name: FRIENDS OF SILVER SPRINGS STATE PARK, INC.

Current Principal Place of Business:

1425 NE 58TH AVE
OCALA, FL 34470

Current Mailing Address:

1425 NE 58TH AVE
OCALA, FL 34470

FEI Number: 56-2511929

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHWARTZ, MARTIN
3827 NE 17TH STREET CIRCLE
OCALA, FL 34470 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: MARTIN SCHWARTZ 02/08/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	MARCOUX, MARIANNE
Address	8520 SE 175TH CT.
City-State-Zip:	OCKLAWAHA FL 32179

Title	PRESIDENT
Name	ROSSITER, DAVID
Address	2067 NW 50TH CIRCLE
City-State-Zip:	OCALA FL 34482

Title	TREASURER
Name	SCHWARTZ, MARTIN
Address	3827 NE 17TH STREET CIRCLE
City-State-Zip:	OCALA FL 34470

Title	DIRECTOR
Name	SPRIGG, BARBARA TOEPPEN
Address	8422 SW 82ND CIRCLE
City-State-Zip:	OCALA FL 34481

Title	DIRECTOR
Name	NICKERSON, WALTER CAR
Address	1629 NE 39TH AVENUE, APT H
City-State-Zip:	OCALA FL 34470

Title	DIRECTOR
Name	ROSSITER, ANDREA
Address	2067 NW 50TH CIRCLE
City-State-Zip:	OCALA FL 34882

Title	DIRECTOR
Name	RIPPEL, KERSTIN
Address	775 SE 163RD CT
City-State-Zip:	SILVER SPRINGS FL 34488

Title	VP
Name	BAGGS, CRAIG
Address	401 SE 49TH AVE
City-State-Zip:	OCALA FL 34471

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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: MARTIN S SCHWARTZ TREASURER 02/08/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BENSON, TAYLOR
Address	2437 NE 6TH ST
City-State-Zip:	OCALA FL 34470

Title	DIRECTOR
Name	BROOKS, JENA
Address	1908 SE 5TH ST
City-State-Zip:	OCALA FL 34471