

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006270

**Entity Name:** THE PARRISH FOUNDATION, INC.**Current Principal Place of Business:**2012 ISLAND ESTATE DRIVE  
PARRISH, FL 34219**Current Mailing Address:**POST OFFICE BOX 794  
PARRISH, FL 34219**FEI Number:** 32-0254616**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, ALAN  
13615 22ND CT E  
PARRISH, FL 34219 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:** ALAN ANDERSON

01/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DOWLING, RAE  
Address 1177 NORTH LIME AVENUE  
City-State-Zip: SARASOTA FL 34237

Title DVP  
Name JORDAN, BEN  
Address 2012 ISLAND ESTATE DRIVE  
City-State-Zip: PARRISH FL 34219

Title PRESIDENT  
Name PRESHA, MICKEY  
Address 12271 US HIGHWAY 301 NORTH  
City-State-Zip: PARRISH FL 34219

Title ASST. TREASURER  
Name ANDERSON, ALAN V  
Address 13615 22ND CT. E  
City-State-Zip: PARRISH FL 34219

Title SECRETARY  
Name JORDAN, REBECCA  
Address 2012 ISLAND ESTATE DRIVE  
City-State-Zip: PARRISH FL 34219

Title TREASURER  
Name WATTERSON, BRIAN  
Address 6702 76TH AVE E  
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR  
Name WILLIAMSON, MIKE  
Address 8850 39TH STREET CIRCLE E.  
City-State-Zip: PARRISH FL 34219

Title DIRECTOR  
Name KEEN, CALLON JR.  
Address 314 15TH AVE  
City-State-Zip: PALMETTO FL 34221

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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:** ALAN ANDERSON

ASST. TREASURER

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MCCLAIN, IRIS
Address	8690 ERIE CT
City-State-Zip:	PARRISH FL 34219