

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009314

**Entity Name:** THE PICNIC PROJECT, INC.

**Current Principal Place of Business:**

419 S. PARK AVENUE  
SANFORD, FL 32771

**Current Mailing Address:**

P.O. BOX 2092  
SANFORD, FL 32772 US

**FEI Number: 45-3624109**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THOMPSON, MARK D  
214 HIGHLAND DRIVE  
DELTONA, FL 32738 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:** MARK THOMPSON

04/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name KILLINGSWORTH, MEGHAN  
Address 500 S PALMETTO AVE  
City-State-Zip: SANFORD FL 32771

Title CHAIRMAN  
Name O'DONNELL, ERIN  
Address 818 S. PALMETTO AVENUE  
City-State-Zip: SANFORD FL 32771

Title TREASURER  
Name DONNELLY, MATTHEW  
Address 34 RICHMOND DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title VC  
Name SACK, DIANE  
Address 1518 FARRINDON CIRCLE  
City-State-Zip: LAKE MARY FL 32746

Title OTHER, MEMBER  
Name RICHEY, REBEKAH  
Address 600 CRANES WAY  
UNIT 105  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title OTHER, MEMBER  
Name HAWKINS, KAREN  
Address 856 SILVERWOOD DRIVE  
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR  
Name BOZEMAN, RYAN  
Address 13 COLOMBA ROAD  
City-State-Zip: DEBARY FL 32713

Title DIRECTOR  
Name THOMPSON, MARK  
Address 214 HIGHLAND DRIVE  
City-State-Zip: DELTONA FL 32738

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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:** BROOKE MCKENDRICK

D

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MCKENDRICK, BROOKE  
Address        13 COLOMBA ROAD  
City-State-Zip: DEBARY FL 32713

Title           OTHER, MEMBER  
Name           ADAMS, DANIELLE  
Address        122 N BRISTOL CIRCLE  
City-State-Zip: SANFORD FL 32773