

2022 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:

MCKENDRICK, BROOKE D
13 COLOMBA ROAD
DEBARY, FL 32713 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: BROOKE D. MCKENDRICK

04/20/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name KILLINGSWORTH, MEGHAN
Address 170 OAK VIEW CIRCLE
City-State-Zip: LAKE MARY FL 32746

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 D. MCKENDRICK

DIRECTOR

04/20/2022

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