

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000002999

Entity Name: FRIENDS OF SEMINOLE COUNTY PARKS AND
PRESERVATION FOUNDATION, INC.**Current Principal Place of Business:**120 STONE POST ROAD
LONGWOOD, FL 32779**Current Mailing Address:**P.O. BOX 623191
OVIEDO, FL 32762-3191 US**FEI Number: 46-2616150****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRATEGIC VFO
120 STONE POST ROAD
LONGWOOD, FL 32779 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:** BRANDY W IOPPOLO**03/21/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DOMINICA, ROB
Address 632 FLORIDA CENTRAL PARKWAY
City-State-Zip: LONGWOOD FL 32752

Title DIRECTOR
Name HORAN, JOHN
Address 1612 WOOD DUCK DR
City-State-Zip: WINTER SRPINGS FL 32708

Title CHAIRMAN
Name IOPPOLO, BRANDY W
Address 120 STONE POST ROAD
City-State-Zip: LONGWOOD FL 32779

Title SECRETARY
Name MAHONEY, ANDREA
Address 754 FLEET FINANCIAL CT
STE 300
City-State-Zip: LONGWOOD FL 32750

Title VC
Name WILKINSON, MADISON
Address 950 SOUTH WINTER PARK
SUITE 370
City-State-Zip: CASSELBERRY FL 32707

Title DIRECTOR
Name MORGAN, LARISSA
Address 1678 GRANGE CIRCLE
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name MCDANIEL, BRAD
Address 120 STONE POST ROAD
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name DURR, RICHARD JR.
Address 100 E. FIRST STREET 4TH FLOOR
City-State-Zip: SANFORD FL 32771

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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: BRANDY W IOPPOLO**CHAIRMAN****03/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name DOLAN, SUSIE
Address 717 S PARK AVENUE
City-State-Zip: SANFORD FL 32771

Title DIRECTOR
Name AKKAWI, CHRIS
Address 120 STONE POST ROAD
City-State-Zip: LONGWOOD FL 32779

Title TREASURER
Name SODHI, CHANNI
Address 120 STONE POST ROAD
City-State-Zip: LONGWOOD FL