

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006260

Entity Name: FRIENDS OF TOMOKA BASIN STATE PARKS, INC.**Current Principal Place of Business:**3501 OLD KINGS ROAD
FLAGLER BEACH, FL 32136**Current Mailing Address:**P.O. BOX 1035
BUNNELL, FL 32110 US**FEI Number:** 46-3862922**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUPONT, HEWITT J
1515 HERBERT STREET, SUITE 213
PORT ORANGE, FL 32129 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	FISKE, JAMES
Address	11 RENWORTH PLACE
City-State-Zip:	PALM COAST FL 32164

Title	VP
Name	BIRKHEAD, NANCY DR.
Address	92 PARKVIEW DRIVE
City-State-Zip:	PALM COAST FL 32164

Title	TREASURER
Name	DUPONT, HEWITT
Address	1515 HERBERT ST SUITE 213
City-State-Zip:	PORT ORANGE FL 32129

Title	S
Name	COOK, CATHY
Address	60 ROCKEFELLER DR
City-State-Zip:	PALM COAST FL 32164

Title	D
Name	MATHEN, THEA
Address	PO BOX 190
City-State-Zip:	BUNNELL FL 32110

Title	D
Name	BITGOOD, STEPHEN DR
Address	29 SUNRISE VILLAS LANE
City-State-Zip:	PALM COAST FL 32164

Title	D
Name	MORLEY, ADAM
Address	1205 EAST SR 206
City-State-Zip:	ST AUGUSTINE FL 32086

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: HEWITT J DUPONT**TREASURER****03/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date