

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006260

Entity Name: FRIENDS OF TOMOKA BASIN STATE PARKS, INC.**Current Principal Place of Business:**2099 NORTH BEACH STREET
ORMOND BEACH, FL 32174**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	D, P
Name	MCDOWELL, TAMEKA
Address	3 RENSCHAW PLACE
City-State-Zip:	PALM COAST FL 32164

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

Title	D, T
Name	DUPONT, HEWITT
Address	823 VALENCIA ROAD
City-State-Zip:	SOUTH DAYTONA FL 32119

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

Title	D, MS
Name	DODSON, JUDY
Address	PO BOX 1035
City-State-Zip:	BUNNELL FL 32110

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

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 DUPONT**TREASURER****02/05/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date