

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009771

Entity Name: FRIENDS OF ALPINE PARK, INC.**Current Principal Place of Business:**1360 WEDGEWOOD RD
ST JOHNS, FL 32259**Current Mailing Address:**1360 WEDGEWOOD RD
ST JOHNS, FL 32259 US**FEI Number:** 47-1904725**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEYNES, REBECCA
1360 WEDGEWOOD RD
ST JOHNS, FL 32259 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 DIRECTOR/SECRETARY
Name EBERHARDT, KRISTIN
Address 853 BROOKSTONE CT
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR
Name ADAMS, DEANNE
Address 627 MAGNOLIA AVE
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR/PRESIDENT
Name MOSS, LESLEY
Address 521 DANDELION DRIVE
City-State-Zip: ST JOHNS FL 32259

Title TREASURER/DIRECTOR
Name LEYNES, REBECCA
Address 1360 WEDGEWOOD RD
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR
Name LUMLEY, DEBRA
Address 708 SPRING HAVEN DRIVE
City-State-Zip: SWITZERLAND FL 32259

Title DIRECTOR
Name ROBBINS, SHORTY
Address P.O.BOX 600414
City-State-Zip: ST JOHNS FL 32260

Title DIRECTOR
Name ROESE, MARTI
Address 2830 SR 13
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR
Name SYLVESTER, LINDA DR.
Address 2930 SR 13
City-State-Zip: ST JOHNS FL 32259

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: REBECCA LEYNES**TREASURER****02/02/2022**

Electronic Signature of Signing Officer/Director Detail

Date