

2020 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	1360 WEDGEWOOD RD
City-State-Zip:	ST JOHNS FL 32259

Title	DIRECTOR/TREASURER
Name	ROCKENBACH, MARGUERITTE
Address	1120 CELEBRATION COURT
City-State-Zip:	ST JOHNS FL 32259

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

Title	DIRECTOR
Name	ADAMS, DEANNE
Address	1360 WEDGEWOOD RD
City-State-Zip:	ST JOHNS FL 32259

Title	DIRECTOR
Name	ROBINS, SHORTY
Address	1360 WEDGEWOOD RD
City-State-Zip:	ST JOHNS FL 32259

Title	DIRECTOR
Name	MOSS, LESLIE
Address	1360 WEDGEWOOD RD
City-State-Zip:	ST JOHNS FL 32259

Title	DIRECTOR
Name	ROESE, MARTI
Address	1360 WEDGEWOOD RD
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: MARGUERITTE ROCKENBACH**TREASURER****01/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date