2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2017
Secretary of State
CC1270511462

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Entity Name: WAKULLA SPRINGS ALLIANCE, INC.

Current Principal Place of Business:

1053 MYERS PARK DR
TALLAHASSEE, FL 32301

Current Mailing Address:

1053 MYERS PARK DR
TALLAHASSEE, FL 32301

FEI Number: 47-2309730

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENDERSON, ROBERT K
497 STONE HOUSE RD
TALLAHASSEE, FL 32301 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: ROBERT K. HENDERSON 01/31/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN
Name	MCGLYNN, SEAN
Address	568 BEVERLY CT
City-State-Zip:	TALLAHASSEE FL 32301

Title	VICE CHAIR
Name	DEYLE, BOB DR.
Address	2409 OAKDALE STREET
City-State-Zip:	TALLAHASSEE FL 32308

Title	TREASURER
Name	HENDERSON, ROBERT K
Address	497 STONE HOUSE RD
City-State-Zip:	TALLAHASSEE FL 32301

Title	SECRETARY
Name	TAYLOR, TOM
Address	1053 MYERS PARK DR
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	WILLIAMS, ROBERT A
Address	2994 FENWICK CT E
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	GREGORY, ALBERT
Address	2019 WILDRIDGE DR
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	JAMISON, CAL
Address	411 WHITE OAK DRIVE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	DIRECTOR
Name	BIBLER, BART
Address	3673 MOSSY CREEK LANE
City-State-Zip:	TALLAHASSEE FL 32311

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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: ROBERT K. HENDERSON TREASURER 01/31/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LIGHTSEY, DEBBIE
Address	2340 CYPRESS COVE DRIVE
City-State-Zip:	TALLAHASSEE FL 32310

Title	DIRECTOR
Name	STEVENSON, JAMES
Address	4797 LAKELY DRIVE
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	SMART, RYAN
Address	1000 FRIENDS OF FLORIDA PO BOX 5948
City-State-Zip:	TALLAHASSEE FL 32314-5948

Title	DIRECTOR
Name	FISHMAN, GAIL
Address	1305 HIGHLAND DRIVE
City-State-Zip:	TALLAHASSEE FL 32317