

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007009

**Entity Name:** FRIENDS OF JONES SWAMP, INC

**Current Principal Place of Business:**

380 WEST BRAINERD STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

380 WEST BRAINERD STREET  
PENSACOLA, FL 32501 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WILKINS, KEITHLEY T  
380 WEST BRAINERD STREET  
PENSACOLA, FL 32501 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 P  
Name WILKINS, KEITHLEY T  
Address 380 WEST BRAINERD STREET  
City-State-Zip: PENSACOLA FL 32501

Title VP  
Name ALLEN, JOAN P  
Address 380 WEST BRAINERD STREET  
City-State-Zip: PENSACOLA FL 32501

*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:** KEITHLEY T. WILKINS

**PRESIDENT**

**04/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date