

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29269

Entity Name: FRIENDS OF SAVANNAS PRESERVE STATE PARK INC**Current Principal Place of Business:**2541 WALTON RD
PORT ST LUCIE, FL 34952**Current Mailing Address:**2541 WALTON RD
PORT ST LUCIE, FL 34952**FEI Number:** 65-0124775**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAMBURGER, SUSAN
2541 WALTON RD
PORT ST LUCIE, FL 34952 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:** SUSAN HAMBURGER

01/08/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DODD, EVELYN
Address 2541 WALTON RD
City-State-Zip: PORT ST LUCIE FL 34952

Title VP
Name STOVER, NEIL CHARLES
Address 2541 WALTON RD
City-State-Zip: PORT ST LUCIE FL 34952

Title SECRETARY
Name MAURSEY, HENRY
Address 2541 WALTON RD
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name STALEY, DIANA
Address 2541 WALTON RD
City-State-Zip: PORT ST LUCIE FL 34952

Title TREASURER
Name HAMBURGER, SUSAN
Address 2541 WALTON ROAD
City-State-Zip: PORT ST. LUCIE FL 34952

Title DIRECTOR
Name SMITH, JOETTE
Address 2541 WALTON RD
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name HERZOG, CAROL
Address 2541 WALTON RD
City-State-Zip: PORT ST LUCIE FL 34952

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: SUSAN HAMBURGER**TREASURER**

01/08/2018

Electronic Signature of Signing Officer/Director Detail

Date