

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32677

Entity Name: FLORIDA PARK SERVICE ALUMNI ASSOCIATION, INC.**Current Principal Place of Business:**558 S W MAXWELL COURT
FORT WHITE, FL 32038**Current Mailing Address:**558 S W MAXWELL COURT
FORT WHITE, FL 32038 US**FEI Number:** 59-3120552**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAXWELL, JUDITH A
558 S W MAXWELL COURT
FORT WHITE, FL 32038 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:** JUDITH A MAXWELL

02/03/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	APTHORP, GEORGE
Address	2888 SPRING CREEK HWY
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	VP
Name	WERNDLI, PHIL
Address	1028 APOLLO BEACH BLVD. #3
City-State-Zip:	APOLLO BEACH FL 33572

Title	S
Name	MAXWELL, JUDITH A
Address	558 SW MAXWELL COURT
City-State-Zip:	FORT WHITE FL 32038

Title	P
Name	LINLEY, TOM
Address	2015 CHOWKEEBIN NENE
City-State-Zip:	TALLAHASSEE FL 32301

Title	T
Name	HAMNER, KADIE
Address	P.O. BOX 658
City-State-Zip:	CHIEFLAND FL 32644

Title	D
Name	COOK, SANDY
Address	2888 SPRING CREEK HWY
City-State-Zip:	CRAWFORDVILLE FL 32327

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: JUDITH A. MAXWELL**SECRETARY**

02/03/2015

Electronic Signature of Signing Officer/Director Detail

Date