

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003176

Entity Name: FLORIDA STATE PARKS FOUNDATION, INC.**Current Principal Place of Business:**1700 N. MONROE STREET,
SUITE 11 #200
TALLAHASSEE, FL 32303**Current Mailing Address:**1700 N. MONROE STREET,
SUITE 11 #200
TALLAHASSEE, FL 32303 US**FEI Number:** 59-3207818**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOODWARD, JULIA
1216 WAVERLY ROAD
TALLAHASSEE, FL 32312 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:** JULIA WOODWARD

02/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	FINNERTY, AUDRINE
Address	4240 FOUR OAKS BLVD.
City-State-Zip:	WINTER GARDEN FL 34787
Title	IMMEDIATE PAST PRESIDENT
Name	GUSTAFSON, TAMMY
Address	9404 BLACK BEAR LANE
City-State-Zip:	WINTER GARDEN FL 32787
Title	VP
Name	CALDWELL, MATTHEW
Address	P.O. BOX 9311
City-State-Zip:	FORT MYERS FL 33902

Title	SECRETARY
Name	LEWIS, EMILY
Address	1050 CLEVELAND COURT
City-State-Zip:	PUNTA GORDA FL 33982
Title	CEO
Name	WOODWARD, JULIA
Address	1700 N. MONROE STREET, SUITE 11 #200
City-State-Zip:	TALLAHASSEE FL 32303
Title	PRESIDENT
Name	BRENNAN, KATHLEEN
Address	4778 LANCASHURE LANE
City-State-Zip:	TALLAHASSEE FL 32309

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: JULIA WOODWARD

CEO

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date