

2019 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:

LINLEY, TOM
1700 N. MONROE STREET,
SUITE 11 #200
TALLAHASSEE, FL 32303 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: TOM LINLEY

03/21/2019

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 SECRETARY
Name LEWIS, EMILY
Address 1050 CLEVELAND COURT
City-State-Zip: PUNTA GORDA FL 33982

Title PRESIDENT
Name PINGREE, BENJAMIN
Address 116 STRATTONWOOD PLACE
City-State-Zip: CRAWFORDVILLE FL 32327

Title VP
Name ZIFFER, GIL
Address PO BOX 3208
City-State-Zip: TALLAHASSEE FL 32315

Title CEO
Name WOODWARD, JULIA
Address 2213 MULBERRY BLVD
City-State-Zip: TALLAHASSEE FL 32303

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

**CHIEF EXECUTIVE
OFFICER**

03/21/2019

Electronic Signature of Signing Officer/Director Detail

Date