

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N99000007050

Entity Name: FRIENDS OF GRAYTON BEACH STATE PARK & DEER LAKE
STATE PARK, INC.

Current Principal Place of Business:

357 MAIN PARK ROAD
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P.O. BOX 1869
SANTA ROSA BEACH, FL 32459 US

FEI Number: 31-1716757

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATTON, THOMAS
14 ALLIGATOR COVE
SANTA ROSA BEACH, FL 32459 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: THOMAS PATTON

06/14/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, TREASURER
Name MCQUISTON, BONNIE
Address 14 ALLIGATOR COVE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR, PRESIDENT
Name PATTON, TOM
Address P. O. BOX 1703
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR, VP
Name AIRIS, RICH
Address WATERCOLOR
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name COBENA, CELESTE
Address 412 HILLTOP DRIVE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name MOSELEY, DAVID H
Address 15030 RIVER STREET
City-State-Zip: BLAKELY GA 39823

Title DIRECTOR
Name ALEXANDER, CYNTHIA T
Address 56 OLD MILLER PLACE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name OTTZEN, LORENTZ
Address 415 BEACHFRONT TRAIL
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name OTTZEN, BEVERLY
Address 415 BEACHFRONT TRAIL
City-State-Zip: SANTA ROSA BEACH FL 32459

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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: BONNIE MCQUISTON

TREASURER

06/14/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR, SECRETARY
Name	CISSE, MELANIE
Address	P.O. BOX 1869
City-State-Zip:	SANTA ROSA BEACH FL 32459