2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2024
Secretary of State
4355376087CC

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:

MCQUISTON, BONNIE
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: BONNIE MCQUISTON 01/26/2024

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

Title	DIRECTOR
Name	ALEXANDER, CYNTHIA T
Address	56 OLD MILLER PLACE
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

Title	DIRECTOR, VP
Name	AIRIS, RICH
Address	P.O. BOX 1869
City-State-Zip:	SANTA ROSA BEACH FL 32459

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

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

Title	DIRECTOR
Name	CISSONE, MELANIE
Address	P.O. BOX 1869
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 01/26/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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

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