
INFORMATIONAL DATA FOR BOARD APPOINTMENTS



11-10-25

Date Completed

1. Name: Grimsley Denise P.
MR./MRS./MS. LAST FIRST MIDDLE/MAIDEN

2. Residence Address: 1624 Delaney Rd. Zolfo Springs Hardee
STREET CITY COUNTY
FL 33890 863-441-1460
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

3. Board of Interest: Airport Advisory Board

4. Current Employer and Occupation: Retired

5. Are you a United States citizen? Yes ☒ No ☐ If "No" explain:

If you are a naturalized citizen, date of naturalization: _____

6. How long have you continuously resided at the address listed above in question 2? 6 months
Prior 1644 SR 64 EAST Zolfo Springs

7. Education
A. High School: Hardee High School Year Graduated: 1977
B. College: University of Miami MBA Year Graduated: 2003
(NAME AND LOCATION)

8. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

EMPLOYER'S NAME & ADDRESS	TYPE OF BUSINESS	OCCUPATION/JOB TITLE	PERIOD OF EMPLOYMENT
<u>The Development Group</u>	<u>Econ-Dev</u>	<u>CEO</u>	<u>2022 - 2025</u>
<u>Advent Health</u>	<u>Hospital</u>	<u>Hospital Administrator</u>	<u>2013 - 2022</u>

9. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

I continue to consult in the Economic Development Space. The Wauchula Airport has much potential for growth. I believe I can use my Econ Dev experience + my previous state experience to bring positive input to the Advisory Board

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes ☒ No ☐ If "Yes", list:

MBA

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes ☐ No ☒ If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this appointment:

Previous State Legislator + State Senator

10. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives.

NAME	MAILING ADDRESS	ZIP CODE	AREA CODE/PHONE NUMBER
Terry Atchley	1035 Knollwood Cirde Wauchula	33873	(863) 781-9402
Bill Crews	P.O. Box 248 Wauchula FL	33873	(863) 832-0159
Vanessa Hernandez	325 Orange Ave. Wauchula, FL	33873	(863) 712-4466

11. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have

been or will be appointed? Yes ☒ No ☐ If "Yes", explain:

12. If required by law or administrative rule, will you file financial disclosure statements? Yes ☐ No ☐


Signature of Applicant