2025 Form 1 - Statement of Financial Interests

Filed with COE: 07/09/2026

General Information

Name: Michael Keith McCormick

PID 83568

AGENCY INFORMATION

Organization	Suborganization	Title
DCF; Headquarters	Florida State Hospital	Senior Attorney

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Law Office of Mike McCormick	512 South Bolivar Street	private law practice
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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
Sophia McCormick, LLC	rental property	512 S Bolivar Street, Chattahochee, FL 32324	Rental income

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
511 Thompson Street, 32324
36 R Decatur Street 32324
2640 Short Avenue 32460
163 Shoupe Rd 39901
2041 High Street 32324
2041 Section 32460

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
DROP	RETIREMENT FROM STATE OF FLORIDA
Vanguard Deferred Compensation	Deferred compensation with Vanguard 457 plan
Roth IRA Vanguard	ROTH with Vanguard

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

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Signature of Filer

Michael Keith McCormick

Digitally signed: **07/09/2026**

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