2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/16/2025

General Information

Name: Mr Bryan F Nelson

PID 83484

AGENCY INFORMATION

Organization	Suborganization	Title
Apopka	Community Redevelopment Agency	Mayor
Apopka	General Employees Pension Plan Board of Trustees	Mayor
Apopka	Mayor & City Council	Mayor

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

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
DeClue Brothers Insurance	218 S. Lake Ave., Apopka, FL 32703	installment sale of insurance agency
FRS Retirement	3189 S. Blair Stone Rd., Tallahassee, Fl 32301	retirement
City of Apopka	120 E. Main St., Apopka, FL 32703	Mayor

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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
N/A			

Real Property

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

Location/Description
10 N. Park Ave., Apopka, FL 32703
1157 Oakpoint Circle, Apopka, FL 32712
5902 Baptist Camp Road, Apopka, FL 32712

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
IRAS	Interactive Brokers; Horizon Bank
Stocks	Sunrise Bank; Schwab
Insurance Mezzanine Funds	Assurance; Penta
CD	One Florida Bank

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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	
Name of Business Entity	Nelson's Insurance Services
Address of Business Entity	10 N. Park Ave., Apopka, FL 32703
Principal Business Activity	insurance agency
Postion Held with Entity	President
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	President

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Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Filer

Bryan F Nelson

Digitally signed: **06/16/2025**

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