

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/28/2025

General Information

Name: Mr Dennis W Hollingsworth

CONFIDENTIAL

PID 15911

AGENCY INFORMATION

Organization	Suborganization	Title
St. Johns County	Elected Constitutional Officer	Tax Collector

Net Worth

My Net Worth as of December 31, 2024 was \$ 2,668,452.00.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 190,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
{REDACTED} Lot {REDACTED} St. Johns County, Fl.	\$ 2,100,150.00
Bank Accounts - Truist Bank	\$ 18,192.00
AXA Equitable Annuity - Truist	\$ 27,830.00
Dennis W. Hollingsworth Trust. - Truist	\$ 2,889.00
FRS DROP Account	\$ 826,063.00
FrontRunner 36' Vessel 3-300 Mercury	\$ 400,000.00
2013 Griffith Craft Vessel 16' 50 Yahama	\$ 5,000.00
VyStar Credit Union	\$ 2,933.00
National Life Ins.	\$ 3,954.00
{REDACTED} Putnam County FL	\$ 61,498.00
Truist Money Market	\$ 50,029.00
Ameris Bank	\$ 11,293.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
U.S. Bank	PO Box 21948 Egan, MN 55121	\$ 814,472.00
Truist	PO Box 819 Wilson, NC 27894	\$ 116,079.00
First Horizon	PO Box 31 Memphis, TN 31101	\$ 100,828.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2024 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
St. Johns County Tax Collector's Office	PO Box 9001 St. Aug., FL 32085	\$ 186,674.00
SSI	2428 Old Moultrie Rd. St. Aug., 32086 6 FL 32086	\$ 43,300.00
AXA Annuity	100 Madison St. Ste#1000, Syracuse, NY 13202	\$ 27,830.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

This section applies only to a Constitutional or elected municipal officer, 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 Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Dennis W Hollingsworth

Digitally signed: 08/28/2025

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