

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705275

Entity Name: FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES, INC.**Current Principal Place of Business:**2410 MAHAN DR.
SUITE 2
TALLAHASSEE, FL 32308**Current Mailing Address:**2410 MAHAN DR.
SUITE 2
TALLAHASSEE, FL 32308 US**FEI Number:** 59-6140583**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NDOJA, HESTER
2410 MAHAN DR.
SUITE 2
TALLAHASSEE, FL 32308 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:** HESTER NDOJA

02/21/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT/CEO
Name	NDOJA, HESTER
Address	2410 MAHAN DRIVE STE. 2
City-State-Zip:	TALLAHASSEE FL 32308

Title	CHAIR
Name	CORY, KEYNA
Address	730 E. PARK AVE.
City-State-Zip:	TALLAHASSEE FL 32301

Title	TREASURER
Name	WHEAT, NEALY
Address	101 E. KENNEDY BLVD. STE. 1750
City-State-Zip:	TAMPA FL 33602

Title	PAST CHAIR
Name	WHITE, MICHELE
Address	206-B S. MONROE ST.
City-State-Zip:	TALLAHASSEE FL 32301

Title	CHAIR-ELECT
Name	TALLMAN, CRISSY
Address	545 JOHN KNOX RD. STE. 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	SECRETARY
Name	DARNELL, LARRY
Address	545 JOHN KNOX RD. STE. 200
City-State-Zip:	TALLAHASSEE FL 32303

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: HESTER NDOJA

PRESIDENT/CEO

02/21/2024

Electronic Signature of Signing Officer/Director Detail

Date