

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707025

Entity Name: THE FLORIDA STATE DEMOLAY ASSOCIATION, INC.**Current Principal Place of Business:**C/O R J MEGUIAR
3952 W ELROD AVENUE
TAMPA, FL 33616**Current Mailing Address:**P O BOX 130205
TAMPA, FL 33681 US**FEI Number: 59-1271058****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MEGUIAR, ROBERT J
3952 W ELROD AVENUE
TAMPA, FL 33616 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:** ROBERT J MEGUIAR

01/30/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DIRECTOR
Name LYNN, RICHARD E
Address 9843 WOODROSE LN
City-State-Zip: JACKSONVILLE FL 32257Title DIRECTOR
Name MEGUIAR, JEROME M
Address 145 W DAVIS BLVD
City-State-Zip: TAMPA FL 33606-3539Title PRESIDENT, DIRECTOR
Name MEGUIAR, ROBERT J
Address 3952 W. ELROD AVE.
City-State-Zip: TAMPA FL 33616Title DIRECTOR
Name GRAULICH, ALLAN J
Address 326 PINE BREEZE DR.
City-State-Zip: EDGEWATER FL 32141Title VP, DIRECTOR
Name PUZZO, DAVID
Address 11633 WEATHERED FEELING DR
City-State-Zip: RIVERVIEW FL 33569Title DIRECTOR
Name MOLINE, STEPHEN
Address 14356 SW 39TH TERR.
City-State-Zip: OCALA FL 34473Title DIRECTOR
Name HILLYER, JOHN J. IV
Address 5128 E. 121ST AVE.
City-State-Zip: TAMPA FL 33617Title DIRECTOR
Name PICKREN, ANTHONY LEE
Address 4263 AUDUBON OAKS CIR., APT. 101
City-State-Zip: LAKELAND FL 33809-5938**Continues on page 2**

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: ROBERT J MEGUIAR

PRESIDENT

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BLANKINSHIP, MICHAEL K.
Address 16345 COOPERS HAWK AVE.
City-State-Zip: CLERMONT FL 34714

Title DIRECTOR
Name DANNER, CHRISTOPHER C
Address 3900 NE 16TH AVE
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR
Name WILLIAMSON, LAWRENCE A
Address 7421 COLONIAL COURT
City-State-Zip: SANFORD FL 32771

Title DIRECTOR
Name JASON, ELIJAH D
Address 2044 TIMUCUA TRAIL
City-State-Zip: NOKOMIS FL 34275

Title DIRECTOR
Name GOVREAU, LOUIS G
Address 2124 INTRACOASTAL SOUND DR.
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR, SECRETARY
Name COOPER, CLIFFORD
Address 10213 POST HARVEST DR.
City-State-Zip: RIVERVIEW FL 33578