

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707025

Entity Name: THE FLORIDA STATE DEMOLAY ASSOCIATION, INC.**Current Principal Place of Business:**4496 GOLDEN LAKE DR.
SARASOTA, FL 34233**Current Mailing Address:**4496 GOLDEN LAKE DR.
SARASOTA, FL 34233 US**FEI Number:** 59-1271058**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLENDINNING, RUSSELL B.
4496 GOLDEN LAKE DR.
SARASOTA, FL 34233 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:** RUSSELL B. GLENDINNING

01/24/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name LYNN, RICHARD E
Address 9843 WOODROSE LN
City-State-Zip: JACKSONVILLE FL 32257

Title SECRETARY, DIRECTOR
Name MEGUIAR, JEROME M
Address 145 W DAVIS BLVD
City-State-Zip: TAMPA FL 33606-3539

Title DIRECTOR
Name GRAULICH, ALLAN J
Address 326 PINE BREEZE DR.
City-State-Zip: EDGEWATER FL 32141

Title DIRECTOR
Name MOLINE, STEPHEN
Address 14356 SW 39TH TERR.
City-State-Zip: OCALA FL 34473

Title TD
Name GLENDINNING, RUSSELL B
Address 4496 GOLDEN LAKE DRIVE
City-State-Zip: SARASOTA FL 34233

Title PD
Name MEGUIAR, ROBERT J
Address 3952 W. ELROD AVE.
City-State-Zip: TAMPA FL 33616

Title VPD
Name PUZZO, DAVID
Address 11633 WEATHERED FEELING DR
City-State-Zip: RIVERVIEW FL 33569

Title DIRECTOR
Name HILLYER, JOHN J. IV
Address 5128 E. 121ST AVE.
City-State-Zip: TAMPA FL 33617

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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: RUSSELL B. GLENDINNING

TREASURER/DIRECTOR

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PICKREN, ANTHONY LEE
Address 4263 AUDUBON OAKS CIR., APT. 101
City-State-Zip: LAKELAND FL 33809-5938

Title DIRECTOR
Name SPEIGNER, WADE
Address 86 KINGS RD
City-State-Zip: CRAWFORDVILLE FL 32327

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