**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 31, 2019**
**Secretary of State**
**6182446835CC**

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 03/31/2019

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | D |
| Name | LYNN, RICHARD E |
| Address | 220 N OCEAN ST |
| City-State-Zip: | JACKSONVILLE FL 32202-3218 |

| | |
|---|---|
| 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 | VPD |
| Name | PUZZO, DAVID |
| Address | 101 BAYSHORE DR NE, NO. 20 |
| City-State-Zip: | ST. PETERSBURG FL 33701 |

| | |
|---|---|
| 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 | DIRECTOR |
| Name | SCHVEY, ROBERT |
| Address | 3057 HALEY LN. |
| City-State-Zip: | JACKSONVILLE FL 32257 |

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

**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: RUSSELL B GLENDINNING TREASURER / DIRECTOR 03/31/2019

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | COBB, WILLIAM |
| Address | 2909 BARCELONA ST., APT. 703 |
| City-State-Zip: | TAMPA FL 33629 |

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

| | |
|---|---|
| Title | DIRECTOR |
| Name | HANCOCK, HUNTER |
| Address | 12846 OXFORD CROSSING DR. |
| City-State-Zip: | JACKSONVILLE FL 32224 |