

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732240

FILED
May 26, 2020
Secretary of State
8800966852CC

Entity Name: FLORIDA COLLEGE SYSTEM ACTIVITIES ASSOCIATION
INCORPORATED

Current Principal Place of Business:

1725 MAHAN DRIVE
TALLAHASSEE, FL 32308

Current Mailing Address:

1725 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

FEI Number: 59-6193023

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARREN, KELLY N
1725 MAHAN DRIVE
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: KELLY N WARREN

05/26/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BARRETT, LAWRENCE DR.
Address 149 SOUTHEAST VOCATIONAL PLACE
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name MURDAUGH, JAMES DR.
Address 444 APPELYARD DR.
City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR
Name LORENZ, GEORGIA DR.
Address 100 WELDON WAY
City-State-Zip: SANFORD FL 32773

Title DIRECTOR
Name CLEMMENS, SARAH DR.
Address 3094 INDIAN CIRCLE
City-State-Zip: MARIANNA FL 32446

Title DIRECTOR
Name PARKER, AVA DR.
Address 4200 CONGRESS AVE.
City-State-Zip: LAKE WORTH FL 33461

Title EXECUTIVE DIRECTOR
Name WARREN, KELLY N
Address 1725 MAHAN DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name HAILE, GREG
Address 111 E. OLAS BLVD.
City-State-Zip: FT. LAUDERDALE FL 33301

Title DIRECTOR
Name HENNINGSSEN, JIM DR.
Address 3001 SW COLLEGE RD.
City-State-Zip: OCALA FL 34474

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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: KELLY N WARREN

EXECUTIVE DIRECTOR

05/26/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LOBASSO, THOMAS DR.
Address P. O. BOX 2811
City-State-Zip: DAYTONA BEACH FL 32120

Title DIRECTOR
Name ALLBRITTEN, JEFF DR.
Address 8099 COLLEGE PARKWAY
City-State-Zip: FT. MYERS FL 33919

Title DIRECTOR
Name GUEVERRA, JONATHAN DR.
Address 5901 COLLEGE ROAD
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name HOLDNAK, JOHN DR.
Address 5230 W. HIGHWAY 98
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR
Name SIDOR, STANLEY DR.
Address 9501 U. S. HIGHWAY 441
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR
Name DEVIN, STEPHENSON DR.
Address 100 COLLEGE BLVD.
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR
Name MEADOWS, ED DR.
Address 1000 COLLEGE BLVD
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR
Name BROADIE II, PAUL DR.
Address 3000 NW 83RD STREET
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR
Name PROBSTFELD, CAROL DR.
Address P. O. BOX 1849
City-State-Zip: BRADENTON FL 34206

Title DIRECTOR
Name PICKENS, JOE ESQ.
Address 5001 ST. JOHNS AVENUE
City-State-Zip: PALATKA FL 32177

Title PRESIDENT
Name LAVENDER, MELISSA DR.

Title DIRECTOR
Name RICHEY, JAMES DR.
Address 1519 CLEARLAKE ROAD
City-State-Zip: COCOA FL 32922

Title DIRECTOR
Name AVENDANO, JOHN
Address 501 W. STATE STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name ATWATER, KENNETH DR.
Address P. O. BOX 31127
City-State-Zip: TAMPA FL 33631

Title DIRECTOR
Name MASSEY, EDWIN DR.
Address 3209 VIRGINIA AVENUE
City-State-Zip: FT. PIERCE FL 34981

Title DIRECTOR
Name MONTOYA, ROLANDO DR.
Address 300 NE 2ND AVENUE
City-State-Zip: MIAMI FL 33132

Title DIRECTOR
Name BEARD, TIM DR.
Address 10230 RIDGE ROAD
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name FALCONETTI, ANGELA DR.
Address 999 AVENUE H, NE
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name LEITZEL, THOMAS DR.
Address 600 W. COLLEGE DRIVE
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR
Name WILLIAMS, TONJUA DR.
Address P. O. BOX 13489
City-State-Zip: ST. PETERSBURG FL 33733

Title DIRECTOR
Name SHUGART, SANFORD DR.
Address P.O. BOX 3028
City-State-Zip: ORLANDO FL 32802

Address GULF COAST STATE COLLEGE
5230 W. HIGHWAY 98

City-State-Zip: PANAMA CITY FL 32401