

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744469

Entity Name: FLORIDA SOCIETY OF ENROLLED AGENTS, INC.**Current Principal Place of Business:**14499 N DALE MABRY HWY
STE 185
TAMPA, FL 33618**Current Mailing Address:**16115 SW 117TH AVE
STE 24
MIAMI, FL 33177 US**FEI Number:** 59-1853783**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABERCROMBIE, EA, WRAY
16115 SW 117TH AVE
STE 24
MIAMI, FL 33177 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:** WRAY ABERCROMBIE, EA

01/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IPP
Name FREZZA, TONY EA
Address 1920 E ROBINSON STREET
City-State-Zip: ORLANDO FL 32803

Title PRESIDENT
Name VENSEL, LAURA EA
Address 14499 N DALE MABRY HWY
STE 185
City-State-Zip: TAMPA FL 33618

Title VP
Name ROSA, MARGO EA
Address 1552 TWIN LAKES CIR
City-State-Zip: TALLAHASSEE FL 32311

Title SECRETARY
Name HUNTLEY, ROBIN RAE EA
Address 200 FRANDORSON CIR
STE 210
City-State-Zip: APOLLO BEACH FL 33572

Title PRESIDENT ELECT
Name WISEMAN, KAREN EA
Address 7747 MITCHELL BLVD
STE C
City-State-Zip: TRINITY FL 34655

Title TREASURER
Name ABERCROMBIE, WRAY EA
Address 16115 SW 117TH AVE
STE 24
City-State-Zip: MIAMI FL 33177

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: WRAY ABERCROMBIE

TREASURER

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date