

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769474

Entity Name: FLORIDA GOVERNMENT BAR ASSOCIATION, INC.

Current Principal Place of Business:

1201 HAWTHORNE STREET
TALLAHASSEE, FL 32308

Current Mailing Address:

P.O. BOX 10474
TALLAHASSEE, FL 32302 US

FEI Number: 59-2887589

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GELLIS LAW, PLLC
300 WEST PENSACOLA ST. #LL218-I
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name SILVER, MEGAN
Address P.O. BOX 10474
City-State-Zip: TALLAHASSEE FL 32302

Title VP
Name CHARLES, ALLAN
Address P.O. BOX 10474
City-State-Zip: TALLAHASSEE FL 32302

Title PRESIDENT
Name GRIFFITH, BRITTANY
Address P.O. BOX 10474
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name SHARON, SHIRLEY
Address P.O. BOX 10474
City-State-Zip: TALLAHASSEE FL 32302

Title TREASURER
Name STINSON, ELIZABETH
Address P.O. BOX 10474
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name TOMLINSON, CHERYL
Address P.O. BOX 10474
City-State-Zip: TALLAHASSEE FL 32302

Title SECRETARY
Name DAMESSOUS, LEE
Address P.O. BOX 10474
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name ORBE, RYAN
Address P.O. BOX 10474
City-State-Zip: TALLAHASSEE FL 32302

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: BRITTANY GRIFFITH

PRESIDENT

02/20/2024

Electronic Signature of Signing Officer/Director Detail

Date