

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005717

Entity Name: FLORIDA STATE ASSEMBLY OF AST, INC.

Current Principal Place of Business:

2120 21ST LN
GREENACRES, FL 33463-4260

Current Mailing Address:

PO BOX 6241
LAKE WORTH, FL 33466-6241 US

FEI Number: 59-3639459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COTA, JO LANA LANA
2120 21ST LN
GREENACRES, FL 33463-4260 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: JO LANA COTA

01/05/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COTA, JO LANA
Address 2120 21ST LN
City-State-Zip: GREENACRES FL 33463-4260

Title SECRETARY
Name HURST , STEPHANIE
Address 765 24TH SQ
City-State-Zip: VERO BEACH FL 32962-1336

Title VP
Name LIBRIZZI, TERESA
Address 1000 S BANK WAY
City-State-Zip: SAINT JOHNS FL 32259-6257

Title TREASURER
Name FISHER, JANE
Address 7711 NW 56TH AVE APT 1
City-State-Zip: POMPANO BEACH FL 33073-5303

Title MANAGER
Name HARTWELL, NANCY
Address 6 W DRY CREEK CIRCLE
 STE 200
City-State-Zip: LITTLETON CO 80120

Title DIRECTOR
Name JONES, MITESSA
Address 1648 GLEN LAUREL DR
City-State-Zip: MIDDLEBURG FL 32068-8227

Title DIRECTOR
Name BARNARD, ROGER L.
Address 11320 TEE TIME CIR
City-State-Zip: NEW PORT RICHEY FL 34654-6221

Title DIRECTOR
Name GEORGIAN, STELIAN V.
Address 515 SEVILLE AVE
City-State-Zip: ALTAMONTE SPRINGS FL 32714-2242

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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: NANCY HARTWELL

AST STATE ASSEMBLY
MANAGER

01/05/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCNEAVE, GEOFFREY
Address 6410 KEY ISLAND AVE
City-State-Zip: APOLLO BEACH FL 33572-2571

Title DIRECTOR
Name SANDMOEN, KATHY
Address 4512 OAK RIVER CIR
City-State-Zip: VALRICO FL 33596-7226