

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005717

FILED
Mar 29, 2016
Secretary of State
CC2734242802

Entity Name: FLORIDA STATE ASSEMBLY OF AST, INC.

Current Principal Place of Business:

2004A FIRETOWER ROAD
CHIPLEY, FL 32468

Current Mailing Address:

P.O. BOX 600961
JACKSONVILLE, FL 32260-0691

FEI Number: 59-3639459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANZONE, P.J.
9291 ROAD TO THE LAKE RD
TALLAHASSEE, FL 32317 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: P.J. SANZONE

03/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MARY, MCNARON MRS
Address 2004A FIRETOWER ROAD
City-State-Zip: CHIPLEY FL 32468

Title VP
Name GUILLERMO, OBANDO MR
Address 14758 SILVER GLEN DRIVE
City-State-Zip: JACKSONVILLE FL 32258

Title SEC
Name GEORGE, SASSER MR
Address 3208 CRYSTAL LAKE DRIVE
City-State-Zip: CHIPLEY FL 32428

Title TREASURER
Name SANZONE, P.J.
Address 9291 ROAD TO THE LAKE RD
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name COTA, JOLANA
Address 2120 21ST LN
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name FISHER, JANE MARIE
Address 4654 SE DRYFUS AVE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name GORMAN, DARSHA
Address 8427 DRAYTON PARK DR
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name STOW, VILISITY
Address 2243 CLAIBORNE DR
City-State-Zip: CLEARWATER FL 33764

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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: P. J. SANZONE

TREASURER

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WALDROP, CRYSTAL
Address 2775 NW 4TH ST
City-State-Zip: OKEECHOBEE FL 34972