

2021 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

01/27/2021

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

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

Title TREASURER
Name PAUL, MCKNIGHT W.
Address 3844 JUDSON DR
City-State-Zip: LAND O LAKES FL 34638-8063

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

Title DIRECTOR
Name MISZEWSKI, KELLY M.
Address 5446 KEDGEWICK LN
City-State-Zip: NORTH PORT FL 34288-4547

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

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HURST, STEPHANIE
Address 630 20TH ST SW
City-State-Zip: VERO BEACH FL 32962-7023

Title DIRECTOR
Name LEE, TALIA T.
Address 4632 VAQUERO ST
City-State-Zip: NORTH PORT FL 34286-2413