

**2024 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  
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

01/18/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            VP  
Name            JONES, MITESSA  
Address        3605 CONROY RD.  
                  APT 512  
City-State-Zip: ORLANDO FL 32839

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

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

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

Title            DIRECTOR  
Name            ROBINSON, CHARLES SPENCER  
Address        4124 ARCHDALE ST  
City-State-Zip: MELBOURNE FL 32940

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

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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:** JO LANA COTA

**TREASURER**

01/18/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SOTO, SUYAPA  
Address        521 NE 173RD ST  
City-State-Zip: MIAMI BEACH FL 33162

Title           DIRECTOR  
Name           RESENDIZ, SKYLAR  
Address        362 NE FLORESTA DR  
City-State-Zip: PORT SAINT LUCIE FL 34983