

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000005717

Entity Name: FLORIDA STATE ASSEMBLY OF AST, INC.

Current Principal Place of Business:

9291 ROAD TO THE LAKE RD
TALLAHASSEE, FL 32317

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, PATRICIA 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: PATRICIA J SANZONE

08/18/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
Name LANDERER, VILISITY
Address 1449 ORANGE ST
City-State-Zip: CLEARWATER FL 33756

Title SEC
Name JANE , FISHER
Address 1690 RENAISSANCE COMMONS BLVD
City-State-Zip: BOYNTON FL 33426

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

Title DIRECTOR
Name SIMON, MARC
Address 5136 NEPONSET AVE
City-State-Zip: ORLANDO FL 32908

Title DIRECTOR
Name JONES, JEFFERY A
Address 22427 SOUTHSORE DR.
City-State-Zip: LAND O LAKES FL 34639

Continues on page 2

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: PATRICIA J SANZONE

TREASURER

08/18/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AMMIRATI, DESIREE
Address 8345 S CORAL CIRCLE
City-State-Zip: POMPANO BEACH FL 33065