

**2019 FLORIDA NOT FOR PROFIT CORPORATION 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  
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 SANZONE

01/24/2019

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            SECRETARY  
Name            JOLANA, COTA  
Address        2120 21ST LN  
City-State-Zip: GREENACRES FL 33463-4260

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

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

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

Title            TREASURER  
Name            PAUL W. MCKNIGHT  
Address        8661 CITIZENS DR STE 300  
City-State-Zip: NEW PORT RICHEY FL 34654-5557

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

*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

STATE ASSEMBLY  
MANAGER

01/24/2019

Electronic Signature of Signing Officer/Director Detail

Date