

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004112

**Entity Name:** ASSOCIATION OF COLLEGIATE SCHOOLS OF PLANNING, INC.

**FILED**  
**Jan 31, 2023**  
**Secretary of State**  
**8792087327CC**

**Current Principal Place of Business:**

2910 KERRY FOREST PARKWAY, D4-206  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

2910 KERRY FOREST PARKWAY, D4-206  
TALLAHASSEE, FL 32309 US

**FEI Number: 54-2110263**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DODD, DONNA  
2910 KERRY FOREST PARKWAY, D4-206  
TALLAHASSEE, FL 32309 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: DONNA DODD**

**01/31/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RAMASUBRAMANIAN, LAXMI PHD  
Address        2910 KERRY FOREST PARKWAY, D4-206  
City-State-Zip: TALLAHASSEE FL 32309

Title            TREASURER  
Name            BOSWELL, MICHAEL PHD  
Address        2910 KERRY FOREST PARKWAY, D4-206  
City-State-Zip: TALLAHASSEE FL 32309

Title            VP  
Name            MOHAMED, RAYMAN PHD  
Address        2910 KERRY FOREST PARKWAY, D4-206  
City-State-Zip: TALLAHASSEE FL 32309

Title            SECRETARY  
Name            LARSEN, KRISTEN PHD  
Address        2910 KERRY FOREST PARKWAY, D4-206  
City-State-Zip: TALLAHASSEE FL 32309

*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: LAXMI RAMASUBRAMANIAN**

**PRESIDENT**

**01/31/2023**

Electronic Signature of Signing Officer/Director Detail

Date