

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003749

Entity Name: ASSOCIATION FOR SOFTWARE TESTING, INC.**Current Principal Place of Business:**1285 DOUGLAS ST. SE
PALM BAY, FL 32909**Current Mailing Address:**1285 DOUGLAS ST. SE
PALM BAY, FL 32909 US**FEI Number:** 20-1010345**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAYNES, DAWN
1285 DOUGLAS ST. SE
PALM BAY, FL 32909 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	PEROLD, LOUISE
Address	RUA DE OLIVENCA, 70, R/C DRT ALGES
City-State-Zip:	LISBON 1495-098

Title	PRESIDENT
Name	KENST, CHRIS
Address	4240 LOST HILLS ROAD 1601
City-State-Zip:	CALABASAS CA 91301

Title	VP
Name	THOMAS, JAMES
Address	36 CHESTERFIELD WAY
City-State-Zip:	CAMBRIDGE 91301

Title	VP OF EDUCATION
Name	BHAMARE, LALIT
Address	41 SCHLOSSSTRASSE
City-State-Zip:	TREMSBUTTEL 22967

Title	TREASURER
Name	KIBLER, RACHEL
Address	1459 E REDONDO AVENUE
City-State-Zip:	SALT LAKE CITY UT 84115

Title	EXECUTIVE AT LARGE
Name	MONTVELISKY, JOEL
Address	23 ACHOT HAYA STREET
City-State-Zip:	RAMAT GAN 52312

Title	VP OF CONFERENCES
Name	GREEN, DWAYNE
Address	3083 S TYTUS LN
City-State-Zip:	SARATOGA SPRINGS UT 84045

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: CHRIS KENST

PRESIDENT

02/02/2022

Electronic Signature of Signing Officer/Director Detail_____
Date