

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007490

**Entity Name:** FLORIDA SCHOOL COUNSELOR ASSOCIATION, INC.**Current Principal Place of Business:**1010 GARDENIA DR.  
TALLAHASSEE, FL 32312**Current Mailing Address:**1010 GARDENIA DR.  
TALLAHASSEE, FL 32312 US**FEI Number:** 20-5209244**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHUMACHER, REBECCA A  
1010 GARDENIA DR.  
TALLAHASSEE, FL 32312 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:** REBECCA A. SCHUMACHER

02/09/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	BOARD CHAIR
Name	TOPDEMIR, CINDY
Address	24608 LAUREL RIDGE DR.
City-State-Zip:	LUTZ FL 33559
Title	DIRECTOR
Name	PINCUS, ROBERT
Address	286 AUDUBON OAKS DR #305
City-State-Zip:	LAKELAND FL 33809
Title	DIRECTOR
Name	MACK, CLIFF
Address	4902 CYPRESS WAY
City-State-Zip:	COCONUT CREEK FL 33073
Title	DIRECTOR
Name	COPE, DANA
Address	1080 GLENWOOD TR.
City-State-Zip:	DELAND FL 32720

Title	FINANCE CHAIR
Name	JENKINS, CURTIS
Address	1010 GARDENIA DR
City-State-Zip:	TALLAHASSEE FL 32312
Title	DIRECTOR
Name	KIRBY, VERONICA
Address	4921 S. DEVONSHIRE LANE
City-State-Zip:	LAKELAND FL 33813
Title	DIRECTOR
Name	MADDOX, JEANNIE
Address	2720 SARATOGA RD
City-State-Zip:	DELAND FL 32720
Title	DIRECTOR
Name	STANLEY, JOSHUA
Address	952 LA SALLE AVE.
City-State-Zip:	ORLANDO FL 32803

**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:** CURTIS T. JENKINS

FINANCE CHAIR

02/09/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, ASSISTANT  
Name NOTTAGE, LAQUIERIA  
Address 206 SUNSHINE DR  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name DORLUS, LUCY  
Address 303 HAWTHORNE HILLS PLACE #203  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name BENNETT, LARISSA  
Address 148 41ST CIRCLE E  
City-State-Zip: BRADENTON FL 34208

Title DIRECTOR  
Name SKAGGS, DEIDRE  
Address 6709 NELIS WAY  
UNIT B  
City-State-Zip: LAKE LAND FL 33813

Title DIRECTOR  
Name KUSHER, RACHEL  
Address 8950 PARKLAND BAY DR.  
City-State-Zip: PARKLAND FL 33076