

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004974

Entity Name: FLORIDA ASSOCIATION OF SCHOOL PERSONNEL
ADMINISTRATORS, INC.**FILED**
May 01, 2020
Secretary of State
4506980484CC**Current Principal Place of Business:**301 FOURTH ST. SW
ATTN: PAMELA KASARDO
LARGO, FL 33779**Current Mailing Address:**301 FOURTH ST. SW
ATTN: PAMELA KASARDO PROFESSIONAL DEVELOPMENT OFFICE
LARGO, FL 33779 US**FEI Number: 59-3698888****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KASARDO, PAMELA M
301 FOURTH ST. SW
ATTN: PAMELA KASARDO
LARGO, FL 33779 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: PAMELA KASARDO****05/01/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** IMMEDIATE PAST PRESIDENT
Name HEVEY, CAROLYN
Address 400 EAST LAKE MARY BLVD.
City-State-Zip: SANFORD FL 32773**Title** PRESIDENT
Name BROWN, SEYMOUR M.
Address 301 4TH STREET SW
City-State-Zip: LARGO FL 33770**Title** DIRECTOR
Name GRANT, KELLA
Address 1701 PRUDENTIAL DR
City-State-Zip: JACKSONVILLE FL 32207**Title** PRESIDENT ELECT
Name WALKER, ANGELA
Address P.O. BOX 100
City-State-Zip: CRAWFORDVILLE FL 32326**Title** DIRECTOR
Name WILLIAMS, GAIL
Address 3300 FOREST HILL BLVD
SUITE A-132
City-State-Zip: WEST PALM BEACH FL 33406**Title** PROGRAM COORDINATOR
Name THOMPSON, DIANNA
Address 420 SE ALVAREZ AVE
City-State-Zip: OCALA FL 34471**Title** TREASURER
Name KASARDO, PAMELA M
Address 301 FOURTH ST. SW
ATTN: PAMELA KASARDO
City-State-Zip: LARGO FL 33771**Title** SECRETARY
Name WHITEHURST, TONYA
Address 200 REID ST.
City-State-Zip: PALATKA FL 32177**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: PAMELA KASARDO**TREASURER****05/01/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title NON-INSTRUCTIONAL REPRESENTATIVE
Name DAVIS, BARBARA DR.
Address 2700 JUDGE FRAN JAMIESON WAY
City-State-Zip: VIERA FL 32940

Title DIRECTOR
Name BONNER, MAURICE
Address 500 SE OCEAN BLVD.
City-State-Zip: STUART FL 34994