

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

DOCUMENT# N08000011209

**Entity Name:** FLORIDA ASSOCIATION OF REFLEXOLOGISTS, INC.

**Current Principal Place of Business:**

641 PICASSO AVE.  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

641 PICASSO AVE.  
PONTE VEDRA, FL 32081 US

**FEI Number:** 85-1080707

**Certificate of Status Desired:** No

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

MACIVERGAN, TERRY  
641 PICASSO AVE.  
PONTE VEDRA, FL 32081 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:** TERRY MACIVERGAN

08/22/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MACIVERGAN, TERRY  
Address 641 PICASSO AVE  
City-State-Zip: PONTE VEDRA FL 32081

Title V  
Name RICHARDSON, LOUISE  
Address COPPERSTONE EXECUTIVE SUITES  
3632 LAND O LAKES BLVD SUITE 106,  
ROOM 23  
City-State-Zip: LAND O LAKES FL 43639

Title S  
Name BECK, GRACE  
Address 8557 SW 60TH COURT  
City-State-Zip: OCALA FL 34476

Title T  
Name MOOD, VICKY  
Address 9274 NW 147TH WAY  
City-State-Zip: LAKE BUTLER FL 32054

Title D  
Name ROBERTS, LENA  
Address 19 DR MLK JR STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705

*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:** TERRY MACIVERGAN

PRESIDENT

08/22/2023

Electronic Signature of Signing Officer/Director Detail

Date