## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011209

Entity Name: FLORIDA ASSOCIATION OF REFLEXOLOGISTS, INC.

**FILED** Mar 15, 2024 **Secretary of State** 2722919481CC

## **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 03/15/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title T, TREASURER

MACIVERGAN, TERRY RICHARDSON, LOUISE Name Name

641 PICASSO AVE COPPERSTONE EXECUTIVE SUITES Address Address

3632 LAND O LAKES BLVD SUITE 106, PONTE VEDRA FL 32081 City-State-Zip:

ROOM 23

LAND O LAKES FL 34639 City-State-Zip: Title **SECRETARY** 

Name BECK, GRACE V, VP Title

Address 8557 SW 60TH COURT Name ROBERTS, LENA

OCALA FL 34476 City-State-Zip: Address 19 DR MLK JR STREET SOUTH

City-State-Zip: ST. PETERSBURG FL 33705 Title **DIRECTOR** 

KLEER. DEBI Name

3148 SOUTHGATE CIRCLE Address

SUITE 8

City-State-Zip: SARASOTA FL 34239

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.

03/15/2024 SIGNATURE: TERRY MACIVERGAN **PRESIDENT**