# Entity Name: FLORIDA ASSOCIATION OF COLLEGE TEST ADMINISTRATORS INCORPORATED

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

2740 SW MARTIN DOWNS BLVD. #182 PALM CITY, FL 34990

DOCUMENT# N0900002109

#### **Current Mailing Address:**

3501 SW DAVIE ROAD BLDG 17 ROOM 220 DAVIE, FL 33314 US

### FEI Number: 26-4433627

## Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION OF TESTING ADMINISTRATORS 4000 CENTRAL FLORIDA BLVD. ORLANDO, FL 32816 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	UDITH DAVIDOFF			05/25/2020
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	REGISTRAR	Title	SECRETARY	
Name	SWAFFORD, DENISE	Name	O'RELLY, LEONOR	
Address	8099 COLLEGE PARKWAY	Address	3220 USF BANYAN CIR.	
City-State-Zip:	FORT MEYERS FL 33919	City-State-Zip:	TAMPA FL 33613	
Title	TREASURER	Title	PRESIDENT	
Name	DAVIDOFF, JUDITH	Name	ROSS, MARK	
Address	3501 SW DAVIE ROAD	Address	950 NW 29TH ST	
City-State-Zip:	FORT LAUDERDALE FL 33314	City-State-Zip:	MIAMI FL 33127	
Title	PARLIAMENTARIAN	Title	PRESIDENT ELECT	
Name	JONES-LIPTROT, JUDY	Name	WEBB, MARC	
Address	501 WEST STATE STREET	Address	7200 PINES BLVD	
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	PEMBROKE PINES FL 33024	4

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: JUDITH DAVIDOFF

TREASURER

05/25/2020

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

Date