

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010622

Entity Name: FLORIDA STATE ALLIANCE OF YMCAS, INC.**Current Principal Place of Business:**600 1ST AVENUE NORTH #201
ST. PETERSBURG, FLORIDA 33701**Current Mailing Address:**600 1ST AVENUE NORTH#201
ST. PETERSBURG, FLORIDA 33701 UN**FEI Number:** 45-3806647**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WILCOX, LYNNE
600 1ST AVE. N
SUITE 201
ST. PETERSBURG, FL 33701 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:** LYNNE WILCOX

03/29/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	JEZEK, DAVID
Address	600 1ST AVE N #201
City-State-Zip:	ST PETERSBURG FL 33701

Title	PRESIDENT & CEO
Name	WILCOX, LYNNE J
Address	600 1ST AVE N SUITE 201
City-State-Zip:	ST. PETERSBURG FL 33701

Title	DIRECTOR
Name	HAGENSICK, JASON
Address	6631 PALMETTO CIRCLE SOUTH
City-State-Zip:	BOCA RATON FL 33433

Title	D
Name	LOVE, CINDY
Address	101 SAND HILL ST
City-State-Zip:	MARCO ISLAND FL 34145

Title	D
Name	SCOTT, GOYER
Address	2469 ENTERPRISE BLVD
City-State-Zip:	CLERAWATER FL 33763

Title	CHIEF OF STAFF
Name	FAHRNEY, SCOTT
Address	600 1ST AVENUE NORTH #201
City-State-Zip:	ST. PETERSBURG 33701

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: SCOTT FAHRNEY

CHIEF OF STAFF

03/29/2023

Electronic Signature of Signing Officer/Director Detail

Date