

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

DOCUMENT# N12000005928

**Entity Name:** PSR/FLORIDA CHAPTER, CORP.

**Current Principal Place of Business:**

4520 W. OAKELLAR AVE #13901  
TAMPA, FL 33611

**FILED**  
**Jan 11, 2023**  
**Secretary of State**  
**9547086192CC**

**Current Mailing Address:**

4520 W. OAKELLAR AVE #13901  
PO BOX 13901  
TAMPA, FL 33611 US

**FEI Number:** 46-0985992

**Certificate of Status Desired:** No

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

LOVE, LAKEY  
1511 MELVIN STREET  
TALLAHASSEE, FL 32301 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:** LAKEY LOVE

01/11/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SAFF, RON  
Address 4520 W. OAKELLAR AVE #13901  
City-State-Zip: TAMPA FL 33611

Title TREASURER  
Name RINGENBERG, LYNN MD  
Address 4520 W. OAKELLAR AVE #13901  
PO BOX 13901  
City-State-Zip: TAMPA FL 33611

Title DIRECTOR  
Name BIEHLER, JEFYRY L  
Address 4520 W. OAKELLAR AVE #13901  
City-State-Zip: TAMPA FL 33611

Title DIRECTOR  
Name GERIEGE, RANI S  
Address 4520 W. OAKELLAR AVE #13901  
City-State-Zip: TAMPA FL 33611

Title SECRETARY  
Name DUNN, MARYBETH  
Address 4520 W. OAKELLAR AVE #13901  
PO BOX 13901  
City-State-Zip: TAMPA FL 33611

Title VP  
Name SACK, TODD  
Address 4520 W. OAKELLAR AVE #13901  
City-State-Zip: TAMPA FL 33611

Title PRESIDENT  
Name KESSLER, HOWARD  
Address 4520 W. OAKELLAR AVE #13901  
PO BOX 13901  
City-State-Zip: TAMPA FL 33611

Title DIRECTOR  
Name BANSAL, ANKUSH  
Address 4520 W. OAKELLAR AVE #13901  
City-State-Zip: TAMPA FL 33611

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*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:** HOWARD KESSLER

PRESIDENT

01/11/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name AXELRAD, DON  
Address 4520 W. OAKELLAR AVE #13901  
City-State-Zip: TAMPA FL 33611

Title DIRECTOR  
Name IYENGAR, BASHYAM  
Address 4520 W. OAKELLAR AVE #13901  
City-State-Zip: TAMPA FL 33611