

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005928

FILED
Mar 28, 2016
Secretary of State
CC2280128714

Entity Name: PSR/FLORIDA CHAPTER, CORP.

Current Principal Place of Business:

4520 W. OAKELLAR AVE #13901
TAMPA, FL 33611

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:

WILLIAMS, SANDRA J.
550 NORTH REO STREET
SUITE 300
TAMPA, FL 33609-1065 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: SANDRA J. WILLIAMS, CPA, PA

03/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title TREASURER
Name RINGENBERG, LYNN MD
Address PO BOX 13901
City-State-Zip: TAMPA FL 33681-3901

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

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

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

Title D
Name DUNN, MARYBETH
Address PO BOX 13901
City-State-Zip: TAMPA FL 33681-3901

Title PRESIDENT
Name DRAPER, LONNIE
Address 4520 W. OAKELLAR AVE #13901
City-State-Zip: TAMPA FL 33611

Title DIRECTOR
Name SACK, TODD
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: MARYBETH DUNN

CHAPTER DIRECTOR

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MASON, TOM
Address PO BOX 13901
City-State-Zip: TAMPA FL 33681