

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14761

Entity Name: THE SEA TURTLE PRESERVATION SOCIETY, INC.

Current Principal Place of Business:

111 S. MIRAMAR AVE.
INDIALANTIC, FL 32903

Current Mailing Address:

111 S MIRAMAR AVE
INDIALANTIC, FL 32903 US

FEI Number: 59-2856913

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KONKEL, CRAIG T
111 S. MIRAMAR AVE.
INDIALANTIC, FL 32903 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: CRAIG KONKEL

01/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name LEBRESKO, KATHLEEN
Address 571 LAUREL OAK CT NE
City-State-Zip: PALM BAY FL 32907

Title DIRECTOR
Name HUGHES, DORI
Address 55B RAINBOW RD
City-State-Zip: INDIAN HARBOR BEACH FL 32937

Title DIRECTOR
Name KONKEL, CRAIG
Address 359 MONTECITO
City-State-Zip: SATELLITE BEACH FL 32937

Title DIRECTOR
Name FORMAN, DIANA L
Address 802B BRITTANY DR
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR
Name SMITH, JOHN KENNETH
Address 4072 SAND RIDGE DRIVE
City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR
Name PSZONOWSKY, ROGER
Address 944 AIS ST SW
City-State-Zip: PALM BAY FL 32908-4289

Title DIRECTOR, SECRETARY
Name STINSON, CYNTHIA LYNN
Address 4668 S HWY A1A
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR
Name COHEN, JOEL B
Address 1321 S MIRAMAR AVE
 #6
City-State-Zip: INDIALANTIC FL 32903

Continues on page 2

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: KATHLEEN LEBRESKO

TREASURER

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name PERRY, LINDA M
Address 1467 CRANE CREEK BLVD
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name WILLIAMS, SHERYL
Address 5709 JUDY KAY RD
City-State-Zip: GRANT FL 32949