

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000001822

Entity Name: SURVIVE AND THRIVE ADVOCACY CENTER, INC.**Current Principal Place of Business:**851 EAST PARK AV
TALLAHASSEE, FL 32301**Current Mailing Address:**P. O. BOX 13898
TALLAHASSEE, FL 32317 US**FEI Number:** 47-3189855**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMPSON, ROBIN HASSLER
3703 BOBBIN BROOK WAY
TALLAHASSEE, FL 32312 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:** ROBIN HASSLER THOMPSON

01/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	AGUILAR, VANIA
Address	P. O. BOX 13898
City-State-Zip:	TALLAHASSEE FL 32317

Title	PRESIDENT
Name	GAGNON, JUDY
Address	P. O. BOX 13898
City-State-Zip:	TALLAHASSEE FL 32317

Title	TREASURER
Name	OTTE, KELLY
Address	P O BOX 13898
City-State-Zip:	TALLAHASSEE FL 32317

Title	EXECUTIVE DIRECTOR
Name	THOMPSON, ROBIN HASSLER
Address	P. O. BOX 13898
City-State-Zip:	TALLAHASSEE FL 32317

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: ROBIN THOMPSON**EXECUTIVE DIRECTOR**

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date