

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001822

**FILED**  
**Feb 12, 2017**  
**Secretary of State**  
**CC4228265124**

**Entity Name:** SURVIVE AND THRIVE ADVOCACY CENTER, INC.

**Current Principal Place of Business:**

906 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

906 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303 US

**FEI Number:** 47-3189855

**Certificate of Status Desired:** Yes

**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

02/12/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WILLIAMS, GWEN  
Address 906 THOMASVILLE ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name LLOVERA, VANIA  
Address 426 WEST JEFFERSON ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name MARSH, PAMELA  
Address 313 NORTH MONROE STREET  
SUITE 301  
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER  
Name RODRIGUEZ DE CONTE, SABRINA  
Address 906 THOMASVILLE ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title EXECUTIVE DIRECTOR  
Name THOMPSON, ROBIN HASSLER  
Address 906 THOMASVILLE ROAD  
City-State-Zip: TALLAHASSEE FL 32303

*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 HASSLER THOMPSON

EXECUTIVE DIRECTOR

02/12/2017

Electronic Signature of Signing Officer/Director Detail

Date