

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000002724

Entity Name: F.S.C.A. INC.

Current Principal Place of Business:

222 EAST CENTRAL AVE
WINTER HAVEN, FL 33880

Current Mailing Address:

222 EAST CENTRAL AVE.
WINTER HAVEN, FL 33880 US

FEI Number: 47-3526652

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ARDIS, DEBRA C
1430 EAGLE CREST BLVD.
WINTER HAVEN, FL 33881 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name ARDIS, DEBRA
Address 1430 EAGLE CREST BLVD.
City-State-Zip: WINTER HAVEN FL 33881

Title TREASURER
Name ARDIS, DEBRA CORNELIA
Address 1430 EAGLE CREST BLVD.
City-State-Zip: WINTER HAVEN FL 33881

Title ASST. SECRETARY
Name MORRIS, VALERIE
Address 3652 QUEENS COVE BLVD
City-State-Zip: WINTER HAVEN FL 33880

Title OFFICER
Name MAHE', DAVID
Address 16120 LYTHAM DRIVE
City-State-Zip: ODESSA FL 33556

Title SECRETARY
Name DIRCKSON, ELWOOD
Address 1703 2ND ST. NE
City-State-Zip: WINTER HAVEN FL 33881

Title OFFICER
Name BOWEN, DANIEL
Address 4843 RALEIGH DR.
City-State-Zip: LAKE WALES FL 33859

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: DEBRA ARDIS

PRESIDENT

02/05/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date