

**2022 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 JOHNSON, ANNETTE  
Address 1169 NORMANDY HEIGHTS CIRCLE  
City-State-Zip: WINTER HAVEN FL 33880

*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 C. ARDIS

**PRESIDENT**

**01/03/2022**

Electronic Signature of Signing Officer/Director Detail

Date