

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000005041

FILED
Apr 08, 2019
Secretary of State
5326647936CC

Entity Name: WIRELESS INTERNET SERVICE PROVIDERS ASSOCIATION (WISPA), CORP

Current Principal Place of Business:

4417 13TH ST.
SUITE #317
SAINT CLOUD, FL 34769

Current Mailing Address:

4417 13TH ST.
SUITE #317
SAINT CLOUD, FL 34769

FEI Number: 20-2181498

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COFFEY, TRINA
4417 13TH ST
SUITE #317
SAINT CLOUD, FL 34769 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	PRESIDENT
Name	AIKEN, CLAUDE
Address	4417 13TH ST. #317
City-State-Zip:	SAINT CLOUD FL 34769
Title	CHAIRMAN OF THE BOARD
Name	STOOKE, NATHAN
Address	4417 13TH ST. #317
City-State-Zip:	SAINT CLOUD FL 34769
Title	DIRECTOR
Name	HOGG, CHUCK
Address	4417 13TH ST. #317
City-State-Zip:	SAINT CLOUD FL 34769
Title	SECRETARY
Name	WHELAN, MIKE
Address	4417 13TH ST. #317
City-State-Zip:	SAINT CLOUD FL 34769

Title	VICE CHAIRMAN OF THE BOARD
Name	YOUNG, BRIAN
Address	4417 13TH ST. #317
City-State-Zip:	SAINT CLOUD FL 34769
Title	DIRECTOR
Name	BURGESS, DENNIS
Address	4417 13TH ST. #317
City-State-Zip:	SAINT CLOUD FL 34769
Title	TREASURER
Name	NICHOLAS, GARTH
Address	4417 13TH ST. #317
City-State-Zip:	SAINT CLOUD FL 34769
Title	DIRECTOR
Name	DAVIS, BLAIR
Address	4417 13TH ST. #317
City-State-Zip:	SAINT CLOUD FL 34769

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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: TRINA COFFEY

VICE PRESIDENT

04/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KOHLER, JEFF
Address 4417 13TH ST. #317
City-State-Zip: SAINT CLOUD FL 34769

Title DIRECTOR
Name RADABAUGH, MARK
Address 4417 13TH ST. #317
City-State-Zip: SAINT CLOUD FL 34769

Title VP
Name COFFEY, TRINA
Address 4417 13TH ST. #317
City-State-Zip: SAINT CLOUD FL 34769