

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005041

**FILED  
Jul 02, 2018  
Secretary of State  
CC1070165485**

**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: Yes**

**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           HOGG, CHUCK  
Address        4417 13TH ST. #317  
City-State-Zip: SAINT CLOUD FL 34769

Title           DIRECTOR  
Name           CARR, JIMMY  
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

**Continues on page 2**

*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 PRESIDNET**

**07/02/2018**

\_\_\_\_\_  
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