

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000005276

**FILED  
Mar 03, 2020  
Secretary of State  
0158304078CC**

**Entity Name:** SETTRA, SOUTHEAST STATES CHAPTER OF THE TRAVEL & TOURISM RESEARCH ASSOCIATION INC.

**Current Principal Place of Business:**

9411 ORME RD  
JACKSONVILLE, FL 32220

**Current Mailing Address:**

9411 ORME RD  
JACKSONVILLE, FL 32220 US

**FEI Number: 23-7182598**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KOPSTAD, LAURA  
9411 ORME RD  
JACKSONVILLE, FL 32220 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 ED  
Name KOPSTAD, LAURA  
Address 9411 ORME RD  
City-State-Zip: JACKSONVILLE FL 32220

Title EX OFFICIO  
Name COXWELL, LYNNE  
Address 1051 N 3RD ST  
City-State-Zip: BATON ROUGE LA 70802

Title TRES  
Name CRONK, DARYL  
Address 6277 SEA HARBOR DR SUITE 400  
City-State-Zip: ORLANDO FL 32821

Title PRESIDENT  
Name DILLARD, HEATH  
Address 501 S COLLEGE ST  
City-State-Zip: CHARLOTTE NC 28202

*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: LAURA KOPSTAD**

**EXECUTIVE DIRECTOR**

**03/03/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date