

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000011164

**Entity Name:** FLORIDA ALLIANCE FOR FAMILIES WITH DISABILITIES INC.

**Current Principal Place of Business:**

7901 4TH ST N., STE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

7901 4TH ST N., STE 300  
ST. PETERSBURG, FL 33702

**FEI Number: 85-3560348**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS INC.  
7901 4TH ST N., STE 300  
ST. PETERSBURG, FL 33702 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 PD  
Name LIGHTSEY, RICHARD  
Address 7901 4TH ST N., STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER  
Name LIGHTSEY, HETTIE  
Address 7901 4TH ST N., STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY  
Name ANCONA, LAUREN  
Address 7901 4TH ST N., STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

*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: RICHARD LIGHTSEY**

**PD**

**03/12/2024**

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

\_\_\_\_\_  
Date