

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N21000006418

Entity Name: FLTA CHARITABLE ACTION FOUNDATION, INC.

Current Principal Place of Business:

249 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O. BOX 66145
ST. PETERSBURG BEACH, FL 33736 US

FEI Number: 87-1079330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MERRITT, JAMES S
677 MOSSY BRANCH CT
LONGWOOD, FL 32779 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 CEO
Name MERRITT, JAMES SCOTT
Address 677 MOSSY BRANCH CT
City-State-Zip: LONGWOOD FL 32779

Title TRUSTEE
Name PRESCOTT, LEONARD
Address 817 OBISPO AVE.
City-State-Zip: CORAL GABLES FL 33134

Title TRUSTEE
Name SOLOMON, MARTY
Address 28100 U.S. HWY 19 NORTH SUITE 104
City-State-Zip: CLEARWATER FL 33761

Title PRESIDENT
Name HALL HARRISON, LINDSAY
Address 111 WOODSTREAM CT
City-State-Zip: MAITLAND FL 32751

Title TRUSTEE
Name THOMAS, KEVIN
Address 1505 BONNIE BURN CIR.
City-State-Zip: WINTER PARK FL 32789

Title TRUSTEE
Name STEELE, TIMOTHY
Address 3029 JACKSON ST. N.
City-State-Zip: ST. PETERSBURG FL 33704

Title TRUSTEE
Name STHRESHLEY, JOHN
Address 2119 147TH CT. E.
City-State-Zip: BRADENTON FL 37212

Title TRUSTEE
Name SEIDEL, SABINE
Address 1258 PUNTA GORDA CIRCLE
City-State-Zip: WINTER SPRINGS FL 32708

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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: JAMES S MERRITT

EXECUTIVE DIRECTOR

08/18/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name GODAT, MICHAEL
Address 1145 TOWNPARK AVE.
STE. 2245
City-State-Zip: LAKE MARY FL 32746

Title TRUSTEE
Name SCALETTA, MELISSA
Address 6545 CORPORATE CENTRE BLVD.
City-State-Zip: ORLANDO FL 32832

Title TRUSTEE
Name COHEN, ROBERT
Address 2400 MAITLAND CENTER PKWY.
STE. 200
City-State-Zip: MAITLAND FL 32751

Title TRUSTEE
Name HALL, JEFFREY
Address 14050 NW 14TH ST.
STE. 110
City-State-Zip: SUNRISE FL 33323

Title TRUSTEE
Name RAPOANA, CHERYL
Address 2335 BEVILLE RD.
City-State-Zip: DAYTONA BEACH FL 32119

Title TRUSTEE
Name SOMERS, ANDREA
Address 1605 S. ALEXANDER ST.
STE. 102
City-State-Zip: PLANT CITY FL 33563

Title TRUSTEE
Name DAY, MICHAEL
Address 217 N. WESTMONTE DR.
STE. 1004
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TRUSTEE
Name TSCHIDA, JOSEPH
Address 400 INTERNATIONAL PKWY.
STE. 160
City-State-Zip: LAKE MARY FL 32746