

2022 FLORIDA NOT FOR PROFIT CORPORATION 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
2633 CENTENNIAL BLVD, SUITE 200
TALLAHASSEE, FL 32308 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 S.
Address	2633 CENTENNIAL BLVD. STE 200
City-State-Zip:	TALLAHASSEE FL 32308

Title	PRESIDENT
Name	PRESCOTT, LEONARD
Address	2121 PONCE DE LEON BLVD. STE. 710
City-State-Zip:	CORAL GABLES FL 33134

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

Title	TREASURER
Name	HALL HARRISON, LINDSAY
Address	3402 W. CYPRESS ST.
City-State-Zip:	TAMPA FL 33607

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 SCOTT MERRITT**EXECUTIVE DIRECTOR****04/26/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date