

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000001000

Entity Name: FSA GIVES BACK INC.

Current Principal Place of Business:

4350 PABLO PROFESSIONAL COURT
JACKSONVILLE, FL 32224

Current Mailing Address:

4350 PABLO PROFESSIONAL COURT
JACKSONVILLE, FL 32224 UN

FEI Number: 92-1913113

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FINANCIAL SOLUTION ADVISORS, PLLC
4350 PABLO PROFESSIONAL COURT
JACKSONVILLE, FL 32224 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 DIR
Name CHAMBERLAIN, JOEL C
Address 4350 PABLO PROFESSIONAL COURT
City-State-Zip: JACKSONVILLE FL 32224

Title DIR
Name BROHINSKY, ISAAC J
Address 4350 PABLO PROFESSIONAL COURT
City-State-Zip: JACKSONVILLE FL 32224

Title DIR
Name DRUMMOND, DONALD L
Address 4350 PABLO PROFESSIONAL COURT
City-State-Zip: JACKSONVILLE FL 32224

Title DIR
Name KREY, KENNETH R
Address 4350 PABLO PROFESSIONAL COURT
City-State-Zip: JACKSONVILLE FL 32224

Title DIR
Name LINGOR, SHELLY
Address 4350 PABLO PROFESSIONAL COURT
City-State-Zip: JACKSONVILLE FL 32224

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: SHELLY LINGOR

PARTNER/CEO

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date