

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

DOCUMENT# N23000005662

**Entity Name:** FLORIDA ASSOCIATION OF SCHOOL SAFETY SPECIALISTS, INC.

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**5233051715CC**

**Current Principal Place of Business:**

208 S. MONROE STREET  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

208 S. MONROE STREET  
TALLAHASSEE, FL 32301 US

**FEI Number: 92-2687278**

**Certificate of Status Desired: Yes**

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

WILLIAM J. MONTFORD III  
208 S. MONROE STREET  
TALLAHASSEE, FL 32301 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 CHIEF EXECUTIVE OFFICER  
Name WILLIAM J. MONTFORD III  
Address 208 S. MONROE STREET  
City-State-Zip: TALLAHASSEE FL 32301

Title EXECUTIVE DIRECTOR  
Name JOHN HUNKIAR  
Address 208 S. MONROE STREET  
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT  
Name CORINA PUTT  
Address 3300 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33142

Title VICE PRESIDENT  
Name MICHAEL BAUMAISTER, JR.  
Address 11815 TREEBREEZE DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34654

Title SECRETARY-TREASURER  
Name MARC MACDONALD  
Address 5775 OSCEOLA TRAIL  
City-State-Zip: NAPLES FL 34109

Title STATEWIDE TRAINING DIRECTOR  
Name DANIEL HAHN  
Address 6544 FIREHOUSE ROAD  
City-State-Zip: MILTON FL 32570

Title MENTAL HEALTH AND DISTRICT THREAT MANAGEMENT DIRECTOR  
Name LT. KELLY MARTIN  
Address 400 E. LAKE MARY BOULEVARD  
City-State-Zip: SANFORD FL 32773

Title REGION 1 DIRECTOR  
Name CHARLIE MORSE  
Address 145 PARK STREET SUITE 3  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

**Continues on page 2**

*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: WILLIAM J. MONTFORD**

**CEO**

**04/30/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title REGION 2 DIRECTOR  
Name DAVID CRAWFORD  
Address 392 S. BOULEVARD EAST  
City-State-Zip: MACLENNY FL 32063

Title REGION 4 DIRECTOR  
Name VANESSA SNOW  
Address 3300 FOREST HILL BOULEVARD  
SUITE C-110  
City-State-Zip: WEST PALM BEACH FL 33406

Title BOARD OF DIRECTORS  
Name DR. JOSE DOTRES  
Address 1450 NE 2ND AVENUE  
SUITE 912  
City-State-Zip: MIAMI FL 33132

Title BOARD OF DIRECTORS  
Name JAMES C. "TIM" FORSON  
Address 40 ORANGE STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

Title BOARD OF DIRECTORS  
Name ALTON RUSSELL HUGHES  
Address 145 PARK STREET  
SUITE 3  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title REGION 3 DIRECTOR  
Name DENNIS MCFATTEN  
Address 1614 E. FORT KING STREET  
City-State-Zip: Ocala FL 34471

Title BOARD OF DIRECTORS  
Name DIANE S. KORNEGAY  
Address 201 W. BURLEIGH BOULEVARD  
City-State-Zip: TAVARES FL 32778

Title BOARD OF DIRECTORS  
Name KURT S. BROWNING  
Address 7227 LAND O' LAKES BOULEVARD  
City-State-Zip: LAND O' LAKES FL 34638

Title BOARD OF DIRECTORS  
Name RICHARD A. SHIRLEY  
Address 2680 WC 476  
City-State-Zip: BUSHNELL FL 33513