

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

**FILED**

DOCUMENT# N30694

**Feb 05, 2024**

**Entity Name:** AMERICAN ASSOCIATION OF STATE TROOPERS, INC.

**Secretary of State  
7523516260CC**

**Current Principal Place of Business:**

1949 RAYMOND DIEHL ROAD  
TALLAHASSEE, FL 32308-3778

**Current Mailing Address:**

1949 RAYMOND DIEHL ROAD  
TALLAHASSEE, FL 32308-3778 US

**FEI Number:** 59-2952895

**Certificate of Status Desired:** No

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

COX, J. ALAN  
1660 METROPOLITAN CIRCLE  
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 P  
Name BARBIER, KEITH  
Address 1949 RAYMOND DIEHL ROAD  
City-State-Zip: TALLAHASSEE FL 32308

Title VPD  
Name LANE, JEFFREY  
Address 1949 RAYMOND DIEHL ROAD  
City-State-Zip: TALLAHASSEE FL 32308

Title 3RD VP  
Name BLUE, CLARENCE M  
Address 1949 RAYMOND DIEHL ROAD  
City-State-Zip: TALLAHASSEE FL 32308

Title 2ND VP  
Name MUSICK, KENNETH  
Address 1949 RAYMOND DIEHL ROAD  
City-State-Zip: TALLAHASSEE FL 32308-3778

Title DIRECTOR OF OPERATIONS  
Name ROUFA, JAMIE N  
Address 1949 RAYMOND DIEHL ROAD  
City-State-Zip: TALLAHASSEE FL 32308-3778

Title SECRETARY  
Name HOUZE, NOEL JR.  
Address 1949 RAYMOND DIEHL ROAD  
City-State-Zip: TALLAHASSEE FL 32308-3778

Title EXECUTIVE DIRECTOR  
Name BAGNARDI, JOHN J  
Address 1949 RAYMOND DIEHL ROAD  
City-State-Zip: TALLAHASSEE FL 32308-3778

Title TREASURER  
Name EMIGH, JAMES  
Address 1949 RAYMOND DIEHL ROAD  
City-State-Zip: TALLAHASSEE FL 32308-3778

*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:** JAMIE ROUFA

**DIRECTOR OF  
OPERATIONS**

**02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date