

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39688

Entity Name: AMERICAN ASSOCIATION OF STATE TROOPERS
FOUNDATION, INC.**FILED**
Feb 04, 2022
Secretary of State
8236183744CC**Current Principal Place of Business:**1949 RAYMOND DIEHL ROAD
TALLAHASSEE, FL 32308**Current Mailing Address:**1949 RAYMOND DIEHL ROAD
TALLAHASSEE, FL 32308 US**FEI Number: 59-3054670****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	CHAIRMAN
Name	PROBST, MARK
Address	1949 RAYMOND DIEHL ROAD
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR OF OPERATIONS
Name	BREEDING, JOAN M
Address	1949 RAYMOND DIEHL ROAD
City-State-Zip:	TALLAHASSEE FL 32308

Title	BM
Name	CLARE, JAMES E JR
Address	1949 RAYMOND DIEHL ROAD
City-State-Zip:	TALLAHASSEE FL 32308

Title	BM
Name	BAYSINGER, TIMOTHY
Address	1949 RAYMOND DIEHL ROAD
City-State-Zip:	TALLAHASSEE FL 32308

Title	SEC/TREAS
Name	EMIGH, JAMES
Address	1949 RAYMOND DIEHL ROAD
City-State-Zip:	TALLAHASSEE FL 32308

Title	BM
Name	JOHNSON, JAMES D
Address	1949 RAYMOND DIEHL ROAD
City-State-Zip:	TALLAHASSEE FL 32308

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

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: JOAN M BREEDING**DIRECTOR OF
OPERATIONS****02/04/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date