

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39823

Entity Name: FLORIDA ASSOCIATION OF ACADEMIC NONPUBLIC SCHOOLS, INC.**Current Principal Place of Business:**341 MACARTHUR PL
MAITLAND, FL 32751**Current Mailing Address:**341 MACARTHUR PL
MAITLAND, FL 32751 US**FEI Number: 59-2348803****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HODGES, BARBARA H
1211 N WESTSHORE BLVD
SUITE 612
TAMPA, FL 33607 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	VP
Name	CAMP, MARY
Address	201 WEST PARK AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

Title	PRESIDENT
Name	SCHENDEL, LUANNE
Address	314 MACARTHUR PL.
City-State-Zip:	MAITLAND FL 32751

Title	SECRETARY
Name	MASSEY, STEPHANIE
Address	400 SAN JUAN DRIVE
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	TREASURER
Name	REPENSEK, JOSHUA
Address	9200 SW 192ND DR
City-State-Zip:	MIAMI FL 33157

Title	IMMEDIATE PAST PRESIDENT
Name	HODGES, BARBARA
Address	1211 N WESTSHORE BLVD SUITE # 612
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: JOSHUA REPENSEK**TREASURER****03/30/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date