

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005200

Entity Name: FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY, INC.**FILED**
Mar 17, 2023
Secretary of State
3924786078CC**Current Principal Place of Business:**2145 DELTA BLVD
SUITE 200
TALLAHASSEE, FL 32303**Current Mailing Address:**2145 DELTA BLVD
SUITE 200
TALLAHASSEE, FL 32303 US**FEI Number: 59-3352342****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DOYLE, WHITNEY
820 EAST PARK AVENUE
SUITE D-200
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: WHITNEY DOYLE****03/17/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** CO-CHAIR
Name NERLAND, BRIAN
Address 2145 DELTA BLVD
SUITE 200
City-State-Zip: TALLAHASSEE FL 32303**Title** EXECUTIVE DIRECTOR
Name REED, ERIC
Address 2145 DELTA BLVD
SUITE 200
City-State-Zip: TALLAHASSEE FL 32303**Title** NHLP COMMITTEE CHAIRPERSON
Name PALERMO, BRANDON
Address 820 EAST PARK AVENUE
SUITE D-200
City-State-Zip: TALLAHASSEE FL 32301**Title** TREASURER/SECRETARY
Name MEDLOCK, KAILEY
Address 2145 DELTA BLVD
SUITE 200
City-State-Zip: TALLAHASSEE FL 32303**Title** STATE AGENCY REPRESENTATIVE
Name GOLDMAN, SARAH
Address 2145 DELTA BLVD
SUITE 200
City-State-Zip: TALLAHASSEE FL 32303**Title** CO-CHAIR
Name GOOD, JANET
Address 2145 DELTA BLVD
SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

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: ERIC REED**EXECUTIVE DIRECTOR****03/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date