

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004839

Entity Name: FLORIDA DISTANCE LEARNING ASSOCIATION, INC.**Current Principal Place of Business:**12351 RESEARCH PARKWAY ROOM 230-M
ROOM 230 -M
ORLANDO, FL 32826**Current Mailing Address:**12351 RESEARCH PARKWAY
ROOM 230 -M
ORLANDO, FL 32826 US**FEI Number:** 65-1124214**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAJOR, AMANDA ELIZABETH DR.
UNIVERSITY OF CENTRAL FLORIDA
12351 RESEARCH PARKWAY ROOM 230-M
ORLANDO, FL 32826 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:** AMANDA MAJOR

04/17/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	OTHER
Name	SU, HUI FANG H. DR.
Address	2150 ARECA PALM ROAD
City-State-Zip:	BOCA RATON FL 33432
Title	TREASURER
Name	MAJOR, AMANDA
Address	UNIVERSITY OF CENTRAL FLORIDA 12351 RESEARCH PARKWAY ROOM 230-M
City-State-Zip:	ORLANDO FL 32826
Title	OFFICER
Name	KRAMER, JENNIFER
Address	105 CYPRESS CT
City-State-Zip:	CANTON GA 30115

Title	DIRECTOR
Name	BROWN, VICTORIA DR.
Address	DEPARTMENT OF TEACHING AND LEARNING AT FLORIDA ATLANTIC UNIVERSITY
City-State-Zip:	MOBILE AL
Title	OFFICER
Name	STEPHAN, SUSAN
Address	NOVA SOUTHEASTERN UNIVERSITY
City-State-Zip:	ORLANDO FL

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: AMANDA E. MAJOR**ASSISTANT PROGRAM
DIRECTOR**

04/17/2023

Electronic Signature of Signing Officer/Director Detail

Date