

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002724

Entity Name: AAAP FOUNDATION, INC.**Current Principal Place of Business:**12627 SAN JOSE BLVD., SUITE 202
JACKSONVILLE, FL 32223-8638**Current Mailing Address:**12627 SAN JOSE BLVD., SUITE 202
JACKSONVILLE, FL 32223-8638**FEI Number:** 23-2542890**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEVANS-KERR, JANECE
12627 SAN JOSE BLVD., SUITE 202
JACKSONVILLE, FL 32223-8638 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 EXECUTIVE DIRECTOR
Name BEVANS-KERR, BOB
Address 12627 SAN JOSE BLVD., SUITE 202
City-State-Zip: JACKSONVILLE FL 32223-8638

Title PRESIDENT
Name GINGERICH, ERIC
Address 6514 HYDE PARK DR
City-State-Zip: ZIONSVILLE IN 46077-8258

Title EXECUTIVE VICE PRESIDENT
Name DOUGHERTY, SUZANNE
Address 12627 SAN JOSE BLVD., SUITE 202
City-State-Zip: JACKSONVILLE FL 32223-8638

Title DIRECTOR
Name ERIC, JENSEN
Address 12627 SAN JOSE BLVD., SUITE 202
City-State-Zip: JACKSONVILLE FL 32223-8638

Title DIRECTOR
Name SCHAT, KAREL
Address 12627 SAN JOSE BLVD., SUITE 202
City-State-Zip: JACKSONVILLE FL 32223-8638

Title DIRECTOR
Name KROMM, MICHELLE
Address 12627 SAN JOSE BLVD., SUITE 202
City-State-Zip: JACKSONVILLE FL 32223-8638

Title DIRECTOR
Name MARUSAK, ROSEMARY
Address 12627 SAN JOSE BLVD., SUITE 202
City-State-Zip: JACKSONVILLE FL 32223-8638

Title DIRECTOR
Name CHRISTENBERRY, SAMUEL
Address 12627 SAN JOSE BLVD., SUITE 202
City-State-Zip: JACKSONVILLE FL 32223-8638

Continues on page 2

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: BOB BEVANS-KERR**EXECUTIVE DIRECTOR****03/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FRAME, DAVID
Address 255 E 200 N
City-State-Zip: EPHRAIM UT 84627-1219

Title DIRECTOR
Name HELM, JULIE
Address PO BOX 102406
City-State-Zip: COLUMBIA SC 29224-2406

Title DIRECTOR
Name DUFOUR-ZAVALA, LOUISE
Address 3235 ABIT MASSEY WAY
City-State-Zip: GAINESVILLE GA 30507

Title DIRECTOR
Name GROGAN, KAREN
Address 2133 FLORAL RIDGE DR.
City-State-Zip: DACULA GA 30019-7213

Title DIRECTOR
Name SELLERS, HOLLY
Address 953 COLLEGE STATION RD
City-State-Zip: ATHENS GA 30602

Title VP
Name THRONE, SARA
Address 250 S. MAIN STREET
City-State-Zip: DECATUR AR 72722