

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000005579

Entity Name: FLORIDA STATE USBC, INC.

Current Principal Place of Business:

37108 MERIDIAN AVENUE
DADE CITY, FL 33525

Current Mailing Address:

P. O. BOX 1166
DADE CITY, FL 33526-1166 US

FEI Number: 20-4919987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AUTON, KATHERYN M
37108 MERIDIAN AVENUE
DADE CITY, FL 33525 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 V
Name MADDUX, TONI
Address 36 IESLIE LN
City-State-Zip: PT ORANGE FL 32170

Title DM
Name AUTON, KATHERYN M
Address P. O, BOX 1385
City-State-Zip: DADE CITY FL 33526

Title D
Name ADKINS, MARYANN
Address 1116 DORA AVENUE
City-State-Zip: TAVARES FL 32778

Title D
Name SMITH, GREG DR
Address 1884 WASHINGTON AVE.
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR
Name BUZZARD, MARGO
Address 10930 S.W. 47TH TERRACE
City-State-Zip: MIAMI FL 33165

Title SGT
Name KEYES, DALIA
Address 1906 MEADOWRIDGE DR.
City-State-Zip: VALRICO FL 33596

Title DIRECTOR
Name ROTTLOFF, WANDA
Address 2527 - 66TH TERRACE SOUTH
City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR
Name AUTON, KATHERYN M
Address P. O. BOX 1385
City-State-Zip: DADE CITY FL 33526-1385

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: KATHERYN M. AUTON

ASSOCIATION MANAGER 10/21/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title P
Name MCFARLAND, FREDERICK W SR.
Address 11491 - 6TH AVE.
City-State-Zip: PUNTA GORDA FL 33955

Title D
Name WHITTEN, DEBBIE
Address 3810 SE 4 ST
City-State-Zip: OCALA FL 34471

Title D
Name LEWIS, SHERYL
Address 808 S.W. 5TH CT.
City-State-Zip: BOYNTON BEACH FL 33426

Title D
Name BUTLER, LARRY
Address P.O. BOX 25943
City-State-Zip: SARASOTA FL 34277

Title D
Name O'NEILL, CELESTE
Address 8398 91 TER N
City-State-Zip: SEMINOLE FL 33777

Title D
Name BUSTER, LEON
Address 1011 CORBY CT
City-State-Zip: TALLAHASSEE FL 32317

Title D
Name SICA, VINCENT
Address 000
City-State-Zip: FT LAUDERDALE FL 33312

Title D
Name LAFOUNTAIN, MICHAEL
Address 330 NORWOOD AVE.
City-State-Zip: SATELLITE BEACH FL 32937

Title D
Name TIMOTHY, ANDERSEN
Address 2465 ACADEMY AVE.
City-State-Zip: DELTONA FL 32768

Title V
Name TICE, SCOTT
Address 8590 SW 66 TERR
City-State-Zip: OCALA FL 34476

Title D
Name PETERS, ROBERT
Address 520 GRANT AVE
City-State-Zip: LEHIGH ACRES FL 33972

Title D
Name SOLOMON, ALLEN
Address 1210 7 AVE N
City-State-Zip: JACKSONVILLE FL 32250

Title D
Name JOHN, TINNEY
Address 3 SAWANNEE CIR
City-State-Zip: PANAMA CITY FL 32405

Title D
Name SHAFFER, KAREN
Address 2009 CRAMPTON AVE
City-State-Zip: SARASOTA FL 34235

Title D
Name NYITRAY, MICHAEL
Address 6687 N.W. 110 WAY
City-State-Zip: PARKLAND FL 33076

Title D
Name BECKET, GLENDA
Address 16661 SW 84 CT
City-State-Zip: PALMETTO BAT FL 33157

Title D
Name COLLINS, FRANK
Address 1820 BEDOVERE ST
City-State-Zip: LAKELAND FL 33813

Title D
Name BUTLER, CECILIA
Address P.O. BOX 25943
City-State-Zip: SARASOTA FL 34277