

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009760

Entity Name: FLORIDA ALLIANCE OF CHILDREN'S COUNCILS & TRUSTS, INC.**FILED**
Jan 24, 2023
Secretary of State
9241439332CC**Current Principal Place of Business:**1203 GOVERNORS SQUARE BLVD. SUITE 102
TALLAHASSEE, FL 32301**Current Mailing Address:**1203 GOVERNORS SQUARE BLVD. SUITE 102
TALLAHASSEE, FL 32301 US**FEI Number: 30-0395267****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WATSON, MICHELE CEO
1203 GOVERNORS SQUARE BLVD. SUITE 102
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: MICHELE WATSON****01/24/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	WILIAMS-TAYLOR, LISA
Address	2300 HIGH RIDGE ROAD
City-State-Zip:	BOYNTON BEACH FL 33426
Title	DIRECTOR
Name	HAI, JAMES R
Address	3150 SW 3RD AVENUE, 8TH FLOOR
City-State-Zip:	MIAMI FL 33137
Title	CEO
Name	WATSON, MICHELE CEO
Address	1203 GOVERNORS SQUARE BLVD. SUITE 102
City-State-Zip:	TALLAHASSEE FL 32301
Title	SECRETARY
Name	BOYLE, SEAN
Address	546 NW UNIVERSITY BLVD #201
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	TREASURER
Name	BOYLE, SEAN
Address	546 NW UNIVERSITY BLVD. SUITE 201
City-State-Zip:	PORT ST. LUCIE FL 34986
Title	VC
Name	GRASS, SARALYN
Address	1095 A PHILIP RANDOLPH BLVD
City-State-Zip:	JACKSONVILLE FL 32206
Title	DIRECTOR
Name	ARENBERG SELTZER, CINDY
Address	6600 W COMMERCIAL BLVD
City-State-Zip:	LAUDERHILL FL 33319
Title	DIRECTOR
Name	HAGEN, KRISTI
Address	1112 MANATEE AVENUE WEST
City-State-Zip:	BRADENTON FL 34205

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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: MICHELE WATSON**CEO****01/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	PARRIS, KELLEY	Name	GREEN, CECKA ROSE
Address	1002 E PALM AVE	Address	1126 LEE AVE STE B
City-State-Zip:	TAMPA FL 33605	City-State-Zip:	TALLAHASSEE FL 32303
Title	DIRECTOR	Title	DIRECTOR
Name	GREER, TAMMY	Name	KINER, MARSHA
Address	1000 COLLEGE BLVD. BLDG 11 SUITE 1100-F	Address	802 NW 5TH AVE. SUITE 100
City-State-Zip:	PENSACOLA FL 32504	City-State-Zip:	GAINESVILLE FL 32601