

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008976

**FILED**  
**Feb 28, 2023**  
**Secretary of State**  
**6559571366CC**

**Entity Name:** ASSOCIATION OF CORPORATE COUNSEL AMERICA NORTH  
FLORIDA CHAPTER INC.

**Current Principal Place of Business:**

1001 G STREET NW  
SUITE 300W  
WASHINGTON, DC 20001

**Current Mailing Address:**

1001 G STREET NW  
SUITE 300W  
WASHINGTON, DC 20001 US

**FEI Number: 26-4559882**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: COLLIN GILES**

**02/28/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HANSON, JESSICA  
Address 1001 G STREET NW  
SUITE 300W  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name WILSON, MEGAN  
Address 1001 G STREET NW  
SUITE 300W  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name SLAUGHTER, COLBY  
Address 1001 G STREET NW  
SUITE 300W  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name ROMAINE, CHRISTOPHER  
Address 1001 G STREET NW  
SUITE 300W  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name PRIETO, CAROLINE  
Address 1001 G STREET NW  
SUITE 300W  
City-State-Zip: WASHINGTON DC 20001

Title SECRETARY  
Name PIERACCINI, ALISHA  
Address 1001 G STREET NW  
SUITE 300W  
City-State-Zip: WASHINGTON DC 20001

Title VP, TREASURER  
Name LEDOUX, ROBERT  
Address 1001 G STREET NW  
SUITE 300W  
City-State-Zip: WASHINGTON DC 20001

Title PRESIDENT  
Name BROWN, MONIQUE  
Address 1001 G STREET NW  
SUITE 300W  
City-State-Zip: WASHINGTON DC 20001

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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: MONIQUE BROWN**

**PRESIDENT**

**02/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name AZAR, GABE  
Address 1001 G STREET NW  
SUITE 300W  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name ANDERSON, HEIDI  
Address 1001 G STREET NW  
SUITE 300W  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name ARTHUR, TRACY  
Address 1001 G STREET NW  
SUITE 300W  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name JOHNSTON, BARBARA  
Address ONE INDEPENDENT DRVICE  
SUITE 114  
City-State-Zip: JACKSONVILLE FL 32202