### 2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000008976

Entity Name: ASSOCIATION OF CORPORATE COUNSEL AMERICA NORTH

FLORIDA CHAPTER INC.

Se

Mar 31, 2022 Secretary of State 7412390727CR

**FILED** 

#### **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 03/31/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name HANSON, JESSICA Name WILSON, MEGAN

Address 1001 G STREET NW Address 1001 G STREET NW

SUITE 300W SUITE 300W

City-State-Zip: WASHINGTON DC 20001 City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR Title DIRECTOR

Name SLAUGHTER, COLBY Name ROMAINE, CHRISTOPHER

Address 1001 G STREET NW Address 1001 G STREET NW

SUITE 300W SUITE 300W

WASHINGTON DC 20001 City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR Title SECRETARY

Name PRIETO, CAROLINE Name PIERACCINI, ALISHA

Address 1001 G STREET NW Address 1001 G STREET NW

SUITE 300W SUITE 300W

City-State-Zip: WASHINGTON DC 20001 City-State-Zip: WASHINGTON DC 20001

Title VP Title PRESIDENT

Name LEDOUX, ROBERT Name BROWN, MONIQUE

Address 1001 G STREET NW Address 1001 G STREET NW

SUITE 300W SUITE 300W

City-State-Zip: WASHINGTON DC 20001 City-State-Zip: WASHINGTON DC 20001

# 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: MONIQUE BROWN PRESIDENT 03/31/2022

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

Address

Name ANDERSON, HEIDI

1001 G STREET NW SUITE 300W

City-State-Zip: WASHINGTON DC 20001

Title TREASURER

Name LEDOUX, ROBERT

Address 7411 FULLERTON STREET

SUITE 100

City-State-Zip: JACKSONVILLE FL 32256

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