

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003414

Entity Name: FLORIDA SCHOOL OF JUDO, INC.**Current Principal Place of Business:**10525 CARDERA DR
RIVERVIEW, FL 33578**Current Mailing Address:**10525 CARDERA DR
RIVERVIEW, FL 33578 US**FEI Number:** 45-5035931**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HIGGINBOTTOM, SAMUEL CESQ
10525 CARDERA DR
RIVERVIEW, FL 33578 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 SECRETARY, TREASURER
Name HIGGINBOTTOM, SAMUEL C
Address 10525 CARDERA DR
City-State-Zip: RIVERVIEW FL 33578

Title DIRECTOR
Name DEROCHE, KARL
Address 4207 E RICHMERE ST
City-State-Zip: TAMPA FL 33617

Title DIRECTOR
Name HERLOCKER, DAVID
Address 3828 HARROGATE DR
City-State-Zip: VALRICO FL 33596

Title PRESIDENT
Name MALEY, KEITH
Address 2530 VALLEY SUNSET LANE
City-State-Zip: VALRICO FL 33594

Title VP
Name HARDEN, JOHN
Address 12211 FLORAL LANE
City-State-Zip: THONOTOSASSA FL 33592

Title DIRECTOR
Name KEYS, RANDY
Address 4104 S TRASK ST
City-State-Zip: TAMPA FL 33611

Title DIRECTOR
Name POE, BILL
Address 5107 MARINER ST.,
UNIT 705
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name SILVERS, LAYLA
Address 501 PAPAYA DR
City-State-Zip: TAMPA FL 33619

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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: SAMUEL C HIGGINBOTTOM**SECRETARY****03/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VANDEN, HARRY
Address 15918 SHAWVER LAKE DR
City-State-Zip: LUTZ FL 33549

Title DIRECTOR
Name WALKER, ALLEN
Address P.O. BOX 1090
City-State-Zip: BRANDON FL 33509