2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000003805

Entity Name: THE MASSENA SOCIETY, INC.

Current Principal Place of Business:

836 SANTA ROSA DR TALLAHASSEE. FL 32301

Current Mailing Address:

836 SANTA ROSA DR

TALLAHASSEE. FL 32301 US

FEI Number: 46-2501940 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, KENNETH G PHD

GODFREY, RUTH 856 SANTA ROSA DR 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: RUTH GODFREY 03/27/2023

Electronic Signature of Registered Agent

Date

FILED Mar 27, 2023

Secretary of State

7076367325CC

Officer/Director Detail:

Name

Title DIRECTOR Title VP, DIRECTOR

NameHICKS, PETER PHDNameVICHNESS, SAMUEL E PHDAddress12 RUE VILLEBOIS MAREUILAddress620 BROADWAY APT 4FCity-State-Zip:CORMEILLES-EN-PARISIS95240City-State-Zip:NEW YORK NY 10012-2616

TitleDIRECTORTitleTREASURER, DIRECTORNameEIDAHL, KYLE PHDNameGODFREY, RUTH WAddress2012 LEE AVEAddress836 SANTA ROSA DR

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32301

Title HONORARY CHAIR Title DIRECTOR

Name MASSENA, VICTOR A Name LEGGIERE, MICHAEL PHD
Address 7 RUE GEOFFROY SAINTE-HILAIRE Address 1181 BROKEN BEND DR
City-State-Zip: PARIS 75005 City-State-Zip: PROSPER TX 75078

City-State-Zip: PARIS 75005 City-State-Zip: PROSPER TX

Title DIRECTOR, SECRETARY Title DIRECTOR

Address 67 BRIGHT SPOT ST Address 334 4TH ST

City-State-Zip: PIKE ROAD AL 36064 City-State-Zip: OLD TOWN ME 04468

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GRAB, ALEX PHD

Name

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: RUTH W GODFREY TREASURER 03/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title **DIRECTOR** Title PRESIDENT, DIRECTOR

Name ABEL, JONATHAN PHD Name MIKABERIDZE, ALEXANDER PHD

2900 WILLIAMSBURG TERRACE Address Address 9431 SHARTEL DR

APT T-304

City-State-Zip: PLATTE CITY MO 64079

Title **DIRECTOR**

Name BARRY, DONALD PHD

Address 2940 TETON TRAIL

City-State-Zip: TALLAHASSEE FL 32303

SHREVEPORT LA 71118 City-State-Zip:

Title **DIRECTOR**

Name GERGES, MARK T PHD

Address 3101 W SUMMIT DR City-State-Zip: LEAVENWORTH KS 66048