

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000007650

**Entity Name:** ATHLETIC ASSISTANCE FOR SINGLE PARENTS, INC

**Current Principal Place of Business:**

4664 TEATREE CT  
VIERA, FL 32955

**Current Mailing Address:**

4664 TEATREE CT  
VIERA, FL 32955

**FEI Number: 84-1957032**

**Certificate of Status Desired: No**

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

BUBBERS, BILL  
230 S COURTENAY PKWY  
MERRITT ISLAND, FL 32952 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	PRES	Title	VP
Name	SCHRUMPF, TY	Name	SCHRUMPF, THALIA
Address	4664 TEATREE CT	Address	4664 TEATREE CT
City-State-Zip:	VIERA FL 32955	City-State-Zip:	VIERA FL 32955
Title	COO		
Name	SCHRUMPF, TERRY		
Address	4664 TEATREE CT		
City-State-Zip:	VIERA FL 32955		

*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: TERRY SCHRUMPF**

**COO**

**04/30/2025**

Electronic Signature of Signing Officer/Director Detail

Date