## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000000842

Entity Name: SUPPORT AFTER ABORTION, INC.

**Current Principal Place of Business:** 

470 N RIVER ROAD VENICE, FL 34293

**Current Mailing Address:** 

19 EVERLEIGH CT

SIMPSONVILLE. SC 29681 US

FEI Number: 84-4263373 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARRONE, JANINE 470 N. RIVER RD VENICE, FL 34293 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: JANINE MARRONE 01/22/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRES** Title SEC

MARRONE, JANINE D Name Name ROCA, MARY COLLEEN 470 N. RIVER RD Address 1345 PINEBROOK WAY Address City-State-Zip: VENICE FL 34285 VENICE FL 34293 City-State-Zip:

Title DIR Title DIR

Name MINTER, ANGELA Name KANE, JOAN Address 1143 S. 6TH ST Address 10650 CLAYTON RD.

LOUISVILLE KY 40203 City-State-Zip: ST. LOUIS MO 63131 City-State-Zip:

Title **TREASURER** Title DIR Name POPHAM, ERIK

Address 34 OSPREY POINT DR. Address C/O SAN PEDRO PARISH

1565 PLEASANT ST City-State-Zip: OSPREY FL 34229

City-State-Zip: LEE MA 01260

**DIRECTOR** Title Name HEAP, KYLEE Address 19 EVERLEIGH CT

Name

City-State-Zip: SIMPSONVILLE SC 29681

MONAHAN, SHAWN

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.

01/22/2024 SIGNATURE: KYLEE HEAP DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Jan 22, 2024

**Secretary of State** 

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