

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002574

**FILED**  
**Jan 06, 2023**  
**Secretary of State**  
**5272067956CC**

**Entity Name:** FLORIDA DIVISION OF THE INTERNATIONAL ASSOCIATION FOR IDENTIFICATION INC.

**Current Principal Place of Business:**

4444 WORTHINGTON CIRCLE  
PALM HARBOR, FL 34685-1158

**Current Mailing Address:**

4444 WORTHINGTON CIRCLE  
PALM HARBOR, FL 34685-1158 US

**FEI Number:** 65-0434452

**Certificate of Status Desired:** No

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

SCHADE, WILLIAM H JR.  
4444 WORTHINGTON CIRCLE  
PALM HARBOR, FL 34685-1158 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:** WILLIAM H. SCHADE JR.

01/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name MEADE-MATIAS, JESSICA  
Address 100 BUSH BLVD.  
City-State-Zip: SANFORD, FL 32773

Title DIRECTOR  
Name ODEN, LACEY  
Address 1700 W. LEONARD STREET  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name WEST, ERIN  
Address 2601 E IRLO BRONSON MEMORIAL HWY  
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR  
Name MATTHEWS, CANDACE  
Address 6010 CATTLERIDGE BLVD  
City-State-Zip: SARASOTA FL 34233

Title DIRECTOR  
Name REBECCA, HICKEY  
Address 800 SE MONTEREY ROAD  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name ROBERTO, CACERES  
Address 201 SE 6 STREET ROOM 1799  
City-State-Zip: FT. LAUDERDALE FL 33301

Title DIRECTOR  
Name BUCKNER-BRAGER, KASEY  
Address PO BOX 150027  
City-State-Zip: CAPE CORAL FL 33907

Title DIRECTOR  
Name STRINGHAM, LAWRENCE  
Address 3800 SW 3RD AVE  
City-State-Zip: CAPE CORAL FL 33914

**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:** WILLIAM H SCHADE

**SECRETARY/TRASURER**

01/06/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name SCHADE, WILLIAM H. JR.  
Address 4444 WORTHINGTON CIRCLE  
City-State-Zip: PALM HARBOR FL 34685-1158

Title DIRECTOR  
Name KAMMERER, JAMES  
Address 1728 HCKORY COVE  
City-State-Zip: COOKEVILLE TN 38506