

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003488

Entity Name: JUICE PRODUCTS ASSOCIATION SCHOLARSHIP
FOUNDATION, INC.**FILED**
Mar 21, 2024
Secretary of State
4524320508CC**Current Principal Place of Business:**750 NATIONAL PRESS BUILDING
529 14TH ST., NW STE 1280
WASHINGTON, DC 20045**Current Mailing Address:**750 NATIONAL PRESS BUILDING
529 14TH ST., NW STE 1280
WASHINGTON, DC 20045 US**FEI Number: 59-3205090****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BRINKMAN, MARK
CT CORP. SYSTEM, 1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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	CHAIRMAN
Name	LEZMAN, STEVE
Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW
City-State-Zip:	WASHINGTON DC 20045

Title	VC
Name	KHOO, CHRISTINA
Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW
City-State-Zip:	WASHINGTON DC 20045

Title	TREASURER
Name	MATHISON, DAN
Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW
City-State-Zip:	WASHINGTON DC 20045

Title	DIRECTOR
Name	ALONSO, GABRIEL
Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW
City-State-Zip:	WASHINGTON DC 20045

Title	ED
Name	MILEWSKI, JEANNIE ED
Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW
City-State-Zip:	WASHINGTON DC 20045

Title	DIRECTOR
Name	BERGERON, CINDEE
Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW
City-State-Zip:	WASHINGTON DC 20045

Title	DIRECTOR
Name	BOUCHER, BENOIT
Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW
City-State-Zip:	WASHINGTON DC 20045

Title	DIRECTOR
Name	LEE, RAYMOND
Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW
City-State-Zip:	WASHINGTON DC 20045

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: JEANNIE MILEWSKI**ED****03/21/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date