

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765958

**Entity Name:** FLORIDA HIGH SCHOOLS MODEL UNITED NATIONS, INC.**Current Principal Place of Business:**332 BEARDED OAKS CIRCLE  
SARASOTA, FL 34232**Current Mailing Address:**21045 FIRWOOD TERRACE  
PORT CHARLOTTE, FL 33954 US**FEI Number:** 59-2274688**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBSON, JOHN MICHAEL ESQ.  
21045 FIRWOOD TERRACE  
PORT CHARLOTTE, FL 33954 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:** JOHN M. ROBSON

04/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name MORELL, CASEY  
Address 4419 BAYBREEZE RD  
City-State-Zip: ORLANDO FL 32808

Title DEA  
Name GARCIA, JENNIFER  
Address 5100 BURCHETTE RD  
#3001  
City-State-Zip: TAMPA FL 33647

Title SPBT  
Name SUTLIFF, BRIAN  
Address 332 BEARDED OAKS CIRCLE  
City-State-Zip: SARASOTA FL 34232

Title SG  
Name ABDULWAKEEL, AMANA  
Address 10781 CABBAGE TREE LOOP  
City-State-Zip: ORLANDO FL 32825

Title DD  
Name LEWIS, GRANT  
Address 1341 BRANCH HILL CT  
City-State-Zip: APOPKA FL 32712

Title DO  
Name BOWMAN, ALISON  
Address 60 BIRCHCREST BLVD  
City-State-Zip: PORT CHARLOTTE FL 33954

Title RS  
Name BALLESTIN, LUCAS  
Address 355 STOCKTON STREET  
4A  
City-State-Zip: BROOKLYN FL 11206

Title BM  
Name SRINIVASAN, ASVIN  
Address 185 CANAL ST  
City-State-Zip: SHELTON FL 06484

**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:** JOHN M. ROBSON, ESQ.**REGISTERED AGENT**

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BM  
Name TERRY, PATRICK  
Address 2434 SHERBROOKE RD  
City-State-Zip: WINTER PARK FL 32792

Title OFFICER, LEGAL COUNSEL  
Name ROBSON, JOHN MICHAEL ESQ.  
Address 21045 FIRWOOD TERRACE  
City-State-Zip: PORT CHARLOTTE FL 33954