

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 730895

Entity Name: FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.

FILED
Aug 11, 2017
Secretary of State
CC3525370019

Current Principal Place of Business:

3375 CAPITAL CIRCLE NE
SUITE E4
TALLAHASSEE, FL 32308

Current Mailing Address:

2910 KERRY FOREST PKWY, D4
SUITE 376
TALLAHASSEE, FL 32309-6892 US

FEI Number: 59-6549147

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, LAWRENCE A
233 S GADSDEN ST
TALLAHASSEE, FL 32301 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 TREASURER
Name KESSINGER, STEPHEN MARK
Address 3417 SW 2ND AVE
City-State-Zip: CAPE CORAL FL 33914

Title IMMEDIATE PAST PRESIDENT
Name BALDWIN, KATHY
Address 6117 BARTRAM VILLAGE DR.
City-State-Zip: JACKSONVILLE FL 32258

Title PRESIDENT
Name JAMES, CHARZETTA
Address 12603 ANGEL LAKE DRIVE WEST
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY/OPERATIONS
 DIRECTOR
Name BENNETT, TAMEKIA
Address 3375 CAPITAL CIRCLE NE
 SUITE E4
City-State-Zip: TALLAHASSEE FL 32308

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: STEPHEN M. KESSINGER

TREASURER

08/11/2017

Electronic Signature of Signing Officer/Director Detail

Date