

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731046

Entity Name: FLORIDA PHARMACY ASSOCIATION, INC.

Current Principal Place of Business:

610 NORTH ADAMS STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

610 NORTH ADAMS STREET
TALLAHASSEE, FL 32301 US

FEI Number: 59-0248221

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALL, STACY
610 NORTH ADAMS STREET
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: STACY HALL

02/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT OF THE BOARD
Name MINCY, WILLIAM
Address 2648 BANTRY BAY DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title EXECUTIVE VICE PRESIDENT
Name HALL, STACY L
Address 610 NORTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER
Name PYTLARZ, ALEXANDER
Address 101 FAREHAM PLACE N.
City-State-Zip: ST. PETERSBURG FL 33701

Title FSHP PRESIDENT
Name TERNEUS, WILLIAM
Address 951 GENESEE AVE
City-State-Zip: SEBASTIAN FL 32958

Title TECHNICIAN DIRECTOR
Name BROWN, VERENDER
Address 3050 DYER BLVD 168
City-State-Zip: KISSIMMEE FL 34741

Title CHAIRMAN OF THE BOARD
Name MARTINEZ, HUMBERTO
Address 14217 SW 45TH STREET
City-State-Zip: MIAMI FL 33175

Title PRESIDENT-ELECT
Name DUANE, KEVIN
Address 7307 N. MAIN ST.
City-State-Zip: JACKSONVILLE FL 32208

Title SPEAKER OF THE HOUSE
Name HALE, GENEVIEVE
Address 9032 DUPONT PLACE
City-State-Zip: WELLINGTON FL 33414

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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: STACY HALL

EVP & CEO

02/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE SPEAKER
Name LAKHANI, ANEESH
Address 4400 N. ANDREWS AVE.
City-State-Zip: FORT LAUDERDALE FL 33309

Title REGION 2 DIRECTOR
Name JAKAB, ERIC
Address 1704 KINGSWOOD RD.
City-State-Zip: JACKSONVILLE FL 32207

Title REGION 4 DIRECTOR
Name ALCORN, JAMES
Address 1090 OAK BLUFF DRIVE
City-State-Zip: DAVENPORT FL 33837

Title REGION 6 DIRECTOR
Name PETSOS, KATHERINE
Address 215 DRYDEN CIRCLE
City-State-Zip: COCOA FL 32926

Title REGION 8 DIRECTOR
Name JOHNSON, JACOB
Address 21341 NE. 2ND CT
City-State-Zip: MIAMI FL 33179

Title REGION 1 DIRECTOR
Name WRIGHT, JOYANNA
Address 10429 SW. 10TH TERRACE
City-State-Zip: MICANOPY FL 32667

Title REGION 3 DIRECTOR
Name SCHNELLER, MATTHEW
Address 9787 TAYLOR ROSE LANE
City-State-Zip: LARGO FL 33777

Title REGIONAL 5 DIRECTOR
Name HADDAD, AMANDA
Address 2901 N. DALE MABRY HWY
City-State-Zip: TAMPA FL 33607

Title REGION 7 DIRECTOR
Name SIMMONS, DAMIEN
Address 100 JFK DR.
City-State-Zip: ATLANTIS FL 33462

Title REGION 9 DIRECTOR
Name ALVAREZ, GOAR
Address 14200 SW 20 ST.
City-State-Zip: DAVIE FL 33325