

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

DOCUMENT# 731046

**FILED**  
**Feb 12, 2018**  
**Secretary of State**  
**CC4951547670**

**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:**

JACKSON, MICHAEL A  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HUFF, ASHLEY  
Address        3303 NORTH LAKE VIEW DRIVE APT  
                  1707  
City-State-Zip: TAMPA FL 33618

Title           CEO  
Name           JACKSON, MICHAEL A  
Address        6440 JUSTIN GRANT TRAIL  
City-State-Zip: TALLAHASSEE FL 32309

Title           DIRECTOR  
Name           CONNELLY, JEANETTE E  
Address        5100 W LEMON STREET, SUITE 311  
City-State-Zip: TAMPA FL 33609

Title           CHAIRMAN  
Name           TOMERLIN, SCOTT  
Address        3233 HAWTHORNE AVENUE  
City-State-Zip: ROCKLEDGE FL 32955

Title           PRESIDENT ELECT  
Name           GARCIA, ANGELA S  
Address        9654 W LINEBAUGH AVE #163  
City-State-Zip: TAMPA FL 33626

Title           PRESIDENT  
Name           WISE, SUZANNE  
Address        992 SHETLAND AVE  
City-State-Zip: WINTER SPRINGS FL 32708

Title           DIRECTOR  
Name           MACKAREY, DAVID  
Address        12488 PLEASANT GREEN WAY  
City-State-Zip: BOYNTON BEACH FL 33437

*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:** MICHAEL A. JACKSON

**EXECUTIVE VICE  
PRESIDENT AND CEO**

**02/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date