## 2014 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:

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

**FILED** Jan 07, 2014

**Secretary of State** 

CC8415170928

Officer/Director Detail :

Title **TREASURER** Title

PYTLARZ, ALEXANDER JACKSON, MICHAEL A Name Name 2485 IRON FORGE ROAD 6440 JUSTIN GRANT TRAIL Address Address

City-State-Zip: TALLAHASSEE FL 32309 HERNDON VA 20171 City-State-Zip:

Title DIRECTOR Title **CHAIRMAN** 

Name KOESTEN, GARY ALVAREZ, GOAR Name Address 40 SOUTHPORT LANE Address 14200 SW 20TH STREET

APARTMENT B

City-State-Zip: DAVIE FL 33325

City-State-Zip: BOYNTON BEACH FL 33436

Title **DIRECTOR** Title **DIRECTOR** 

Name KOESTEN, GARY G Name PARRADO, ROBERT

**7370 NW 61 TERRACE** Address Address 7922 FLOWERFIELD DRIVE

City-State-Zip: PARKLAND FL 33067 City-State-Zip: TAMPA FL 33615

Title **PRESIDENT** 

GUBBINS, TERRY V Name

14426 SUNDIAL PLACE Address

City-State-Zip: LAKEWOOD RANCH FL 34202

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

CEO

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date