2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2025
Secretary of State
1311782707CC

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: Yes

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 01/13/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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

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

Title	EVP,CEO
Name	HALL, STACY L
Address	610 NORTH ADAMS STREET
City-State-Zip:	TALLAHASSEE FL 32301

Title	REGION 8 DIRECTOR
Name	MARTINEZ, HUMBERTO
Address	14217 SW 45TH STREET
City-State-Zip:	MIAMI FL 33175

Title	SPEAKER OF THE HOUSE
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

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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 CEO 01/13/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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

Title	FSHP PRESIDENT
Name	MALO, DIONIS
Address	3662 ARBORETUM PLACE
City-State-Zip:	PALM HARBOR FL 34683

Title	VICE SPEAKER OF THE HOUSE
Name	WILLIAMS, DUSTIN
Address	5317 TRAVERTINE STREET
City-State-Zip:	MOUNT DORA FL 32757

Title	PRESIDENT - ELECT
Name	LARSON, ERIC
Address	2521 13TH STREET
City-State-Zip:	SAINT CLOUD FL 34769

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

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

Title	REGION 4 DIRECTOR
Name	BURRY, TREY
Address	500 WEBSTER STREET
City-State-Zip:	LEESBURG FL 34748

Title	REGION 6 DIRECTOR
Name	RUSSO, ERIC
Address	133 BANANA RIVER DR
City-State-Zip:	MERRITT ISLAND FL 32952-2546