

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731046

FILED
Jan 14, 2020
Secretary of State
8975428550CC

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 JONES, KIMBERLY
Address 622 COLORADO AVENUE
City-State-Zip: STUART FL 34994

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

Title DIRECTOR
Name LARSON, ERIC J
Address 2521 13TH STREET, SUITE A
City-State-Zip: ST. CLOUD FL 34769

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

Title PRESIDENT ELECT
Name SCURO, JOSEPH
Address 13990 BARTRAM BARK BLVD
City-State-Zip: JACKSONVILLE FL 32258

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

Title DIRECTOR
Name KOESTEN, GARY
Address 1313 W. BOYNTON BEACH BLVD,
 SUITE 1B
City-State-Zip: BOYNTON BEACH FL 33426

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**

01/14/2020

Electronic Signature of Signing Officer/Director Detail

Date