

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733387

Entity Name: FLORIDA EMERGENCY PREPAREDNESS ASSOCIATION, INC.**FILED**
Feb 14, 2022
Secretary of State
4640286488CC**Current Principal Place of Business:**400 CAPITAL CIRCLE SE
STE 18-263
TALLAHASSEE, FL 32301**Current Mailing Address:**400 CAPITAL CIRCLE SE
STE 18-263
TALLAHASSEE, FL 32301 US**FEI Number:** 59-2389989**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAINEY, GENEVIEVE
400 CAPITAL CIRCLE S.E.
SUITE 18-263
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	SECRETARY
Name	GOLDBERG, JEFFREY
Address	400 CAPITAL CIRCLE SE STE 18-263
City-State-Zip:	TALLAHASSEE FL 32301

Title	PAST PRESIDENT
Name	SCOTT, JOHN
Address	400 CAPITAL CIRCLE SE STE 18-263
City-State-Zip:	TALLAHASSEE FL 32301

Title	EXECUTIVE DIRECTOR
Name	RAINEY, GENEVIEVE
Address	400 CAPITAL CIRCLE SE STE 18-263
City-State-Zip:	TALLAHASSEE FL 32301

Title	VP
Name	DAVIS-WEINER, SHANNON
Address	400 CAPITAL CIRCLE SE STE 18-263
City-State-Zip:	TALLAHASSEE FL 32301

Title	TREASURER
Name	LORD, JONATHAN
Address	400 CAPITAL CIRCLE SE STE 18-263
City-State-Zip:	TALLAHASSEE FL 32301

Title	PRESIDENT
Name	JONES, MICHELE
Address	400 CAPITAL CIRCLE SE STE 18-263
City-State-Zip:	TALLAHASSEE FL 32301

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: GENEVIEVE RAINEY**EXECUTIVE DIRECTOR****02/14/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date