

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008840

FILED
Jun 29, 2020
Secretary of State
4696240969CC

Entity Name: FLORIDA ASSISTED LIVING AFFILIATION, INC.

Current Principal Place of Business:

1618 MAHAN CENTER BLVD
SUITE 103
TALLAHASSEE, FL 32308

Current Mailing Address:

1618 MAHAN CENTER BLVD.
SUITE 103
TALLAHASSEE, FL 32308 US

FEI Number: 01-0549750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CATOE, VERONICA JEANNE
1618 MAHAN CENTER BLVD
SUITE 103
TALLAHASSEE, FL 32308 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: VERONICA J CATOE

06/29/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name DAMIANI, DONNA
Address 1618 MAHAN CENTER BLVD
SUITE 103
City-State-Zip: TALLAHASSEE FL 32308

Title VC
Name SPRUILL, MONIQUE
Address 1618 MAHAN CENTER BLVD
SUITE 103
City-State-Zip: TALLAHASSEE FL 32308

Title CEO
Name CATOE, VERONICA JEANNE
Address 1618 MAHAN CENTER BLVD
SUITE 103
City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY
Name MOBLEY, SHELIA
Address 1618 MAHAN CENTER BLVD
SUITE 103
City-State-Zip: TALLAHASSEE FL 32308

Title TREASURER
Name OSTEEN, TERRI
Address 1618 MAHAN CENTER BLVD
SUITE 103
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, REGIONAL SW
Name MORROW, LUAN
Address 1618 MAHAN CENTER BLVD
SUITE 103
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, REGIONAL SE
Name BERGERON, PASCAL
Address 1618 MAHAN CENTER BLVD
SUITE 103
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, REGIONAL NE
Name CARLYLE, TINA
Address 1618 MAHAN CENTER BLVD
SUITE 103
City-State-Zip: TALLAHASSEE FL 32308

Continues on page 2

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: VERONICA CATOE

CEO

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, REGIONAL NW
Name ACUFF, DAVID
Address 1618 MAHAN CENTER BLVD
 SUITE 103
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, REGIONAL WC
Name KENYION, SHEILA
Address 1618 MAHAN CENTER BLVD
 SUITE 103
City-State-Zip: TALLAHASSEE FL 32308