

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000426

Entity Name: CAPITAL AREA HEALTH ACCESS FOUNDATION, INC**Current Principal Place of Business:**2140 CENTERVILLE PL
TALLAHASSEE, FL 32308**Current Mailing Address:**2140 CENTERVILLE PL
TALLAHASSEE, FL 32308**FEI Number: 20-4240456****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOGAN, JOHN
2140 CENTERVILLE PL
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: JOHN HOGAN****06/30/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MESSER, WILL
Address 1403 MACLAY COMMERCE DR.
City-State-Zip: TALLAHASSEE FL 32312

Title V
Name THORNTON, GLENDA
Address 106 E. COLLEGE AVE.
City-State-Zip: TALLAHASSEE FL 32301-7732

Title S
Name SACHS, RON
Address 114 S. DUVAL ST.
City-State-Zip: TALLAHASSEE FL 32301-7712

Title T
Name WILLIAMS, KIM
Address P.O. BOX 2068
City-State-Zip: TALLAHASSEE FL 32316

Title D
Name MURRAY, ED
Address 1018 THOMASVILLE RD. STE 200A
City-State-Zip: TALLAHASSEE FL 32303-6291

Title MGR
Name BASS, SABIN C
Address 2140 CENTERVILLE PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name DESLOGE, BRYAN
Address 1611 JAYDELL CIRCLE
City-State-Zip: TALLAHASSEE FL 32308

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: SABIN C BASS**MANAGER****06/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date