2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2019
Secretary of State
5861014354CC

DOCUMENT# N09000000385

Entity Name: FLORIDA LYME DISEASE ASSOCIATION, INC.

Current Principal Place of Business:

3948 3RD STREET SOUTH
STE 285
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

3948 3RD STREET SOUTH
STE 285
JACKSONVILLE BEACH, FL 32250

FEI Number: 26-4014530

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KING, ANDREA E
2644 LATRIUM CIR S
PONTE VEDRA BEACH, FL 32082 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	TSD	Title	PRESIDENT
Name	KING, ANDREA E	Name	BELL, MELISSA Y
Address	2644 LATRIUM CIR S	Address	7757 ROYAL CREST DRIVE
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	JACKSONVILLE FL 32256
Title	DIRECTOR	Title	SECRETARY
Name	BOGGS, AIMEE L	Name	KERRY, CLARK L
Address	684 PONTE VEDRA BLVD	Address	UNF, 1 UNF DRIVE
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	JACKSONVILLE FL 32224
Title	DIRECTOR	Title	DIRECTOR
Name	BROWN, DENISE	Name	HARTMAN, SHIRLEY
Address	3948 3RD STREET SOUTH STE 285	Address	3948 3RD STREET SOUTH STE 285
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250

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: ANDREA KING TREASURER 02/15/2019

Electronic Signature of Signing Officer/Director Detail — Date