## **2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000000258

Entity Name: SOUTHERN GULF SOCIETY OF HEALTH SYSTEM

PHARMACISTS, INC

**Current Principal Place of Business:** 

C/O 3417 SW 2ND AVE CAPE CORAL, FL 33914

**Current Mailing Address:** 

C/O 3417 SW 2ND AVE CAPE CORAL, FL 33914 US

FEI Number: 20-4240281 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KESSINGER, STEPHEN M C/O 3417 SW 2ND AVE CAPE CORAL, FL 33914 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

FILED Jan 15, 2018

**Secretary of State** 

CC0711961713

## Officer/Director Detail:

Title **TREASURER** Title PRESIDENT-ELECT Name KESSINGER, STEPHEN M Name MITCHELSON, SUSAN B Address 3417 SW 2ND AVE Address 21741 HELMSDALE RUN City-State-Zip: CAPE CORAL FL 33914 City-State-Zip: ESTERO FL 33928

Title PRESIDENT Title SECRETARY

Name LOZANO, YANELA Name SOWERBY, KRISTY M

Address 1564 BEECHWOOD TRAIL Address 28534 WESTMEATH COURT
City-State-Zip: FORT MYERS FL 33919 City-State-Zip: BONITA SPRINGS FL 34135

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: STEPHEN M. KESSINGER

**TREASURER** 

01/15/2018