

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000000258

Entity Name: SOUTHERN GULF SOCIETY OF HEALTH SYSTEM
PHARMACISTS, INC

FILED
Jan 30, 2024
Secretary of State
5332028823CC

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

Officer/Director Detail :

Title TREASURER
Name KESSINGER, STEPHEN M
Address 3417 SW 2ND AVE
City-State-Zip: CAPE CORAL FL 33914

Title IMMEDIATE PAST-PRESIDENT
Name HOFFMAN, LEXIE
Address 1505 PALOMA DRIVE
City-State-Zip: FORT MYERS FL 33901

Title PRESIDENT
Name SEYMOUR, LAUREN
Address 14473 INDIGO LAKES CIR
City-State-Zip: NAPLES FL 34119

Title PRESIDENT-ELECT
Name NEBBIA, ASHLEY
Address 16374 BARCLAY CT
City-State-Zip: NAPLES FL 34110

Title SECRETARY
Name MAYHUE, BRIAN
Address 14830 CALUSA PALMS DR,
 #203
City-State-Zip: FORT MYERS FL 33919

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

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date