

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000008281

**Entity Name:** CONSORTIUM OF AFRICAN AMERICAN PUBLIC HEALTH PROGRAM, INC.

**FILED**  
**May 01, 2023**  
**Secretary of State**  
**3618252524CC**

**Current Principal Place of Business:**

500 BILL FRANCE BLVD  
STE 9391  
DAYTONA BEACH, FL 32120

**Current Mailing Address:**

500 BILL FRANCE BLVD  
STE 9391  
DAYTONA BEACH, FL 32120 US

**FEI Number: 27-0586232**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HARVE, BILL  
7901 4TH ST. N  
STE 300  
ST. PETERSBURG, FL 33702 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 D-P  
Name HARRIS, CYNTHIA  
Address 1601 S. MARTIN LUTHER KING JR BLVD  
City-State-Zip: TALLAHASSEE FL 32307

Title D-VP  
Name INMAN, WENDELYN  
Address 330 10TH AVENUE NORTH, SUITE D400 ROOM 415  
City-State-Zip: NASHVILLE TN 37203

Title D-SE  
Name MEBANE, FELICIA  
Address 700 PARK AVENUE  
City-State-Zip: NORFOLK VA 23504

Title D-TR  
Name HENDRICKS, CAROL-ANN  
Address 1700 E. COLD SPRING LANE, SUITE 223  
City-State-Zip: BALTIMORE MD 21251

Title D  
Name BARNER, YALANDA  
Address 1400 JOHN R. LYNCH STREET  
City-State-Zip: JACKSON MS 39217

Title D  
Name WASHINGTON, DEANNA  
Address 500 BILL FRANCE BLVD, STE 9391  
City-State-Zip: DAYTONA BEACH FL 32120

*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: DEANNA WASHINGTON**

**EXECUTIVE DIRECTOR**

**05/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date