

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000448

Entity Name: CENTRAL FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.

FILED
Feb 13, 2020
Secretary of State
7850294872CC

Current Principal Place of Business:

2910 KERRY FOREST PARKWAY D4, SUITE 376
TALLAHASSEE, FL 32309

Current Mailing Address:

2065 HARGATE CT
OCOEE, FL 34761 US

FEI Number: 59-3170704

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PIERRE, KAMIL
2065 HARGATE CT
OCOEE, FL 34761 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: KAMIL PIERRE

02/13/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT-ELECT
Name SANTALO, OSCAR
Address 2910 KERRY FOREST PARKWAY D4,
 SUITE 376
City-State-Zip: TALLAHASSEE FL 32309

Title TREASURER
Name PIERRE, KAMIL
Address 2065 HARGATE CT
City-State-Zip: OCOEE FL 34761

Title PAST-PRESIDENT
Name BLANCO, FERNANDO
Address 1333 LAKE BALDWIN LANE
 #414
City-State-Zip: ORLANDO FL 32814

Title PRESIDENT
Name ROWE, ABBI
Address 520 N. ORLANDO AVE,
 APT 46
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY
Name HACKER, NEISHA
Address 580 KEYHOLD LOOP
City-State-Zip: APOPKA FL 34772

Title EDUCATION COORDINATOR
Name FOX, MARLENA
Address 2910 KERRY FOREST PARKWAY D4,
 SUITE 376
City-State-Zip: TALLAHASSEE FL 32309

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: KAMIL PIERRE

TREASURER

02/13/2020

Electronic Signature of Signing Officer/Director Detail

Date