

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000448

FILED
Feb 20, 2017
Secretary of State
CC0629434171

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

Current Principal Place of Business:

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

Current Mailing Address:

2637 FALLBROOK DRIVE
OVIEDO, FL 32765 US

FEI Number: 59-3170704

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NINNO, MARK A
2637 FALLBROOK DRIVE
OVIEDO, FL 32765 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: MARK A NINNO

02/20/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name WALKER, ANISHKA
Address 816 STONEVIEW DRIVE
City-State-Zip: GROVETOWN GA 30813

Title PAST-PRESIDENT
Name NINNO, MARK
Address 2637 FALLBROOK DRIVE
City-State-Zip: OVIEDO FL 32765

Title PRESIDENT
Name ZAPPAS, KRISTIE
Address 10307 KRISTEN PARK DRIVE
City-State-Zip: ORLANDO FL 32832

Title TREASURER
Name ALLISON, STEVEN
Address 5613 WATER PIER LANE
City-State-Zip: WINTER GARDEN FL 34787

Title PRESIDENT-ELECT
Name STEELE, KEVIN
Address 912 INNOVATION WAY
APT 416
City-State-Zip: ALTAMONTE SPRING FL 32714

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: STEVEN ALLISON

TREASURER

02/20/2017

Electronic Signature of Signing Officer/Director Detail

Date