

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004668

Entity Name: FLORIDA ASSOCIATION OF COUNTY HUMAN SERVICES ADMINISTRATORS, INC.

FILED
Jan 18, 2024
Secretary of State
2662797788CC

Current Principal Place of Business:

100 SOUTH MONROE STREET
TALLAHASSEE, FL 32302

Current Mailing Address:

100 SOUTH MONROE STREET
TALLAHASSEE, FL 32302 US

FEI Number: 59-3527802

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION OF COUNTIES, INC.
100 MONROE STREET
TALLAHASSEE, FL 32301 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 PRESIDENT
Name MILLER, MICHELLE
Address MARTIN COUNTY
 435 S.E. FLAGLER AVE.
City-State-Zip: STUART FL 34994

Title TREASURER
Name RAMIREZ, VEDA
Address HERNANDO COUNTY
 20 NORTH MAIN STREET, ROOM 161
City-State-Zip: BROOKSVILLE FL 34601

Title PRESIDENT-ELECT
Name WALSH, CARRIE
Address CHARLOTTE COUNTY
 1050 LOVELAND BLVD.
City-State-Zip: PORT CHARLOTTE FL 33980

Title PAST PRESIDENT
Name MERCADO, ROGER
Address LEE COUNTY
 2440 THOMPSON ST.
City-State-Zip: FORT MYERS FL 33901

Title SECRETARY
Name NOVAK, SHAWNA A.
Address ST. JOHNS COUNTY
 200 SAN SEBASTIAN VIEW 2300
City-State-Zip: ST. AUGUSTINE FL 32084

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: SHAWNA NOVAK

SECRETARY

01/18/2024

Electronic Signature of Signing Officer/Director Detail

Date