

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713060

Entity Name: FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION, INC.**Current Principal Place of Business:**134 N WEATHERSFIELD AVE
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**P O BOX 160848
ALTAMONTE SPRINGS, FL 32716 US**FEI Number:** 59-6204888**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CRUZ, SONIA
134 N WEATHERSFIELD AVE
ALTAMONTE SPRINGS, FL 32714 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 PRES
Name MAY, SHAUN
Address 1147 MUIRFIELD WAY
City-State-Zip: NICEVILLE FL 32578

Title T
Name DALL, TRISHA
Address 702 DIXIE STREET
City-State-Zip: CRESTVIEW FL 32536

Title PE
Name MAGLIEVAZ, ROBERT
Address 228 CARLTON AVE
City-State-Zip: DELAND FL 32720

Title PP
Name HENRY, CHARLES H.
Address 2206 67TH STREET
City-State-Zip: BRADENTON FL 34209

Title EX.D
Name CRUZ, SONIA PH.D.
Address 134 N WEATHERSFIELD AVE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP
Name MADAY, ERIC
Address 112 GAY GAYLE TERRACE
City-State-Zip: DAYTONA BEACH FL 32118

Title SEC.
Name SMITH, BRET
Address 1727 KING PHILLIP DRIVE
City-State-Zip: KISSIMMEE FL 34744

Title SVP
Name BALCAR, CAROLYNN
Address 1049 GREYSTONE LANE
City-State-Zip: SARASOTA FL 34232

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: SONIA CRUZ**EXECUTIVE DIRECTOR****03/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date