## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 713060** 

Entity Name: FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION, INC.

**FILED** Apr 30, 2014 **Secretary of State** CC3142460186

## **Current Principal Place of Business:**

702 DIXIE STREET CRESTVIEW. FL 32536

## **Current Mailing Address:**

P O BOX 2481

CRESTVIEW. FL 32536 US

FEI Number: 59-6204888 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DALL, TRISHA 702 DIXIE STREET CRESTVIEW, FL 32536 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: TRISHA DALL 04/30/2014

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRES** Title

MAGLIEVAZ, ROBERT Name DALL, TRISHA Name 228 CARLTON AVE Address 702 DIXIE STREET Address

City-State-Zip: CRESTVIEW FL 32536 DELAND FL 32720 City-State-Zip:

PΡ Title Title PF

Name MAY, SHAUN WALLACE, JILL Name

Address 1147 MUIRFIELD WAY Address 4390 POLLARD ROAD NICEVILLE FL 32578 City-State-Zip: City-State-Zip: WINTER HAVEN FL 33884-3511

Title SEC. VΡ Title

Name WHITEHEAD, SANDRA Name BENNETT, ZHAN

Address 1105 SARASOTA DRIVE 900 UNIVERSITY BLVD., N. STE.300 Address

City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: JACKSONVILLE FL 32211

Title

Address

BALCAR, CAROLYNN Name 1049 GREYSTONE LANE

SARASOTA FL 34232 City-State-Zip:

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.

04/30/2014 SIGNATURE: TRISHA A DALL FEHA TREASURER

Electronic Signature of Signing Officer/Director Detail

Date