

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731241

FILED
Jan 16, 2020
Secretary of State
1083625892CC

Entity Name: FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS, INC.

Current Principal Place of Business:

222 S. WESTMONTE DR. #111
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

222 S. WESTMONTE DR. #111
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 51-0191642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WENHOLD, DAVE
222 S. WESTMONTE DR. #111
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: DAVE WENHOLD

01/16/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WRIGHT, VERNON
Address 1532 SE ROYAL GREEN CIRCLE
 101
City-State-Zip: PORT SAINT LUCIE FL 34952

Title VP
Name GRUCHOW, TERRY
Address 190 ASHLEY LANE
City-State-Zip: OLDSMAR FL 34677

Title CEO
Name WENHOLD, DAVE
Address 222 S WESTMONTE DRIVE STE 111
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. ED
Name THOMPSON, KATHY
Address 222 S. WESTMONTE DR. #111
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title IMMEDIATE PAST PRESIDENT
Name NUCCIO, MICHAEL
Address 1813 BRIDGEMONT TRAIL
City-State-Zip: TALLAHASSEE FL 32312

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: KATHY THOMPSON

ED

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date