## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757774

Entity Name: THE FLORIDA ASSOCIATION OF COMMUNITY HEALTH

CENTERS, INC.

**Current Principal Place of Business:** 

2340 HANSEN LANE TALLAHASSEE, FL 32301

**Current Mailing Address:** 

2340 HANSEN LANE

TALLAHASSEE, FL 32301 US

FEI Number: 59-2559163 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEHRMAN, ANDREW R 2340 HANSEN LANE 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

FILED Jan 25, 2023

Secretary of State

0699573594CC

Officer/Director Detail:

 Title
 CFO
 Title
 BOARD PRESIDENT

 Name
 SCHULTZ, DANA
 Name
 HERREMANS, BRAD

Address 2340 HANSEN LANE Address 13110 ELK MOUNTAIN DRIVE

City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: RIVIERVIEW FL 33579

 Title
 BOARD VICE CHAIR
 Title
 DIRECTOR

 Name
 ROBINSON, TEMPLE DR.
 Name
 SOULE, VICKI

Address 1720 S. GADSDEN STREET Address 1555 INDIAN RIVER BLVD

SUITE B210

City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: VERO BEACH FL 32960

Title SECRETARY Title DIRECTOR, NORTH REGIONAL

Name CLAUSSEN, ANN REPRESENTATIVE

Address 2330 SOUTH CONGRESS AVENUE Name SPENCER, LAURA

City-State-Zip: WEST PAM BEACH FL 33406 Address 2315 WEST JACKSON ST

City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR, CENTRAL REGIONAL

REPRESENTATIVE Title CEO

Name DORSO, ELODIE Name CHAPMAN, JONATHAN
Address 700 8TH AVE. WEST, SUITE 101

Address 700 6TH AVE. WEST, SUITE TOT Address 2340 HANSEN LANE

City-State-Zip: PALMETTO FL 34221 City-State-Zip: TALLAHASSEE FL 32301

## Continues on page 2

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: DANA SCHULTZ

Electronic Signature of Signing Officer/Director Detail

**CFO** 

01/25/2023

## Officer/Director Detail Continued:

Title TREASURER

Name RESNICK, JOSEPH
Address 2340 HANSEN LANE

City-State-Zip: TALLAHASSEE FL 32301