

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01220

**Entity Name:** FLORIDA SCHOOL HEALTH ASSOCIATION, INC.

**FILED**  
**Feb 09, 2022**  
**Secretary of State**  
**4012215455CC**

**Current Principal Place of Business:**

FSHA  
3501-B N. PONCE DELEON BLVD. #123  
ST. AUGUSTINE , FL 32084

**Current Mailing Address:**

FSHA  
3501-B N. PONCE DELEON BLVD. #123  
ST. AUGUSTINE , FL 32084 US

**FEI Number: 94-1687665**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WETHINGTON, DONNA  
FSHA  
3501-B N. PONCE DELEON BLVD. #123  
ST. AUGUSTINE , FL 32084 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: DONNA WETHINGTON**

**02/09/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name HALL, CHERYLL  
Address 2271 S. KERNAN BLVD.  
City-State-Zip: JACKSONVILLE FL 32246

Title PAST PRESIDENT  
Name BAKER, TINA  
Address 2815 TANSY AVENUE  
City-State-Zip: MIDDLEBURG FL 32068

Title T  
Name WETHINGTON, DONNA  
Address 311 EAST RIVER ROAD  
City-State-Zip: EAST PALATKA FL 32131

Title PRESIDENT  
Name OPPENHEISER, DOROTHY  
Address FSHA  
3501-B N. PONCE DELEON BLVD.  
#123  
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: DONNA WETHINGTON**

**TREASURER**

**02/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date