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.

Electronic Signature of Signing Officer/Director Detail

#### 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

**Current Principal Place of Business:** 

# FEI Number: 94-1687665

# 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			03/11/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title F	PAST PRESIDENT	Title	PRESIDENT	
Name H	HALL, CHERYLL	Name	BAKER, TINA	
Address 2	2271 S. KERNAN BLVD.	Address	2815 TANSY AVENUE	
City-State-Zip: J	JACKSONVILLE FL 32246	City-State-Zip:	MIDDLEBURG FL 32068	
Title F	PP	Title	т	
Name F	REGISTER, BRENDA	Name	WETHINGTON, DONNA	
Address 6	611 POST AVENUE, SW	Address	311 EAST RIVER ROAD	
City-State-Zip: V	WINTER HAVEN FL 33880	City-State-Zip:	EAST PALATKA FL 32131	

Certificate of Status Desired: No

FILED Mar 11, 2021 Secretary of State 7244854831CC

# 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: FLORIDA SCHOOL HEALTH ASSOCIATION, INC.

DOCUMENT# N01220

SIGNATURE: DONNA WETHINGTON

TREASURER

03/11/2021 Date