2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2022
Secretary of State
6512636564CC

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Entity Name: FLORIDA PUBLIC HEALTH ASSOCIATION INC

Current Principal Place of Business:

14646 NW 151ST BLVD.
ALACHUA, FL 32615

Current Mailing Address:

14646 NW 151ST BLVD.
ALACHUA, FL 32615 US

FEI Number: 20-3357151

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CATALANOTTO, SARAH L
14646 NW 151 BLVD
ALACHUA, FL 32615 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: SARAH CATALANOTTO 03/16/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PAST PRESIDENT
Name	EDWARDS, ETHEL
Address	14646 NW 151ST BLVD.
City-State-Zip:	ALACHUA FL 32615

Title	ED
Name	CATALANOTTO, SARAH
Address	14646 NW 151ST BLVD.
City-State-Zip:	ALACHUA FL 32615

Title	1ST VICE PRESIDENT
Name	WHITE, VENISE
Address	14646 NW 151ST BLVD.
City-State-Zip:	ALACHUA FL 32615

Title	SECRETARY
Name	ROGHANI, PARNIA
Address	14646 NW 151ST BLVD.
City-State-Zip:	ALACHUA FL 32615

Title	PAST PRESIDENT
Name	WEISSMAN, JESSICA
Address	14646 NW 151ST BLVD.
City-State-Zip:	ALACHUA FL 32615

Title	PRESIDENT
Name	MCCOY, VIRGINIA
Address	14646 NW 151ST BLVD.
City-State-Zip:	ALACHUA FL 32605

Title	2ND VICE PRESIDENT
Name	ISMA, BERTHLINE
Address	14646 NW 151ST BLVD.
City-State-Zip:	ALACHUA FL 32615

Title	TREASURER
Name	RAPP, ALLISON
Address	14646 NW 151ST BLVD.
City-State-Zip:	ALACHUA FL 32615

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: SARAH CATALANOTTO ED 03/16/2022

Electronic Signature of Signing Officer/Director Detail — Date