

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

DOCUMENT# N15000011908

**Entity Name:** THE FLORIDA LIFESPAN RESPITE ALLIANCE, INCORPORATED

**FILED**  
**Mar 08, 2022**  
**Secretary of State**  
**5035193941CC**

**Current Principal Place of Business:**

111 N. GADSDEN ST., STE. 200  
TALLAHASSEE, FL 32301-1507

**Current Mailing Address:**

111 N. GADSDEN ST., STE. 200  
TALLAHASSEE, FL 32301-1507 US

**FEI Number: 81-1734204**

**Certificate of Status Desired: Yes**

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

RHODES, TERRY  
111 N. GADSDEN ST., STE. 200  
TALLAHASSEE, FL 32301-1507 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

**Officer/Director Detail :**

Title D/P  
Name SHERMAN, JEAN  
Address 11306 S.W. 9TH CT.  
City-State-Zip: PEMBROKE PINES FL 33025-1507

Title D  
Name TOWNES, HORTON  
Address 10653 LAKE VISTA DR.  
City-State-Zip: SEMINOLE FL 33772

Title VP/T  
Name TOWNES, HORTON  
Address 10653 LAKE VISTA DR.  
City-State-Zip: SEMINOLE FL 33772

Title D  
Name REDMON, SUSAN J  
Address 167 CANE CREEK ROAD  
City-State-Zip: QUINCY FL 32351

Title D  
Name SISKOWSKI, CONNIE  
Address 1515 N. FEDERAL HWY. #218  
City-State-Zip: BOCA RATON FL 33432

*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: JEAN SHERMAN**

**PRESIDENT**

**03/08/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date