

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46306

Entity Name: SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC.**Current Principal Place of Business:**14646 NW 151ST BLVD
ALACHUA, FL 32615**Current Mailing Address:**14646 NW 151ST BLVD
ALACHUA, FL 32615**FEI Number: 59-3112649****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SARAH, CATALANOTTO
14646 NW 151ST 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****02/24/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	JONES, LOYCE
Address	5100 SW 25TH BLVD
City-State-Zip:	GAINESVILLE FL 32608
Title	EXECUTIVE DIRECTOR
Name	CATALANOTTO, SARAH
Address	SUWANNEE RIVER AHEC 14646 NW 151ST BLVD
City-State-Zip:	ALACHUA FL 32615
Title	MEMBER
Name	CHANCEY, KERRY
Address	3000 NW 83RD ST, W-00258
City-State-Zip:	GAINESVILLE FL 32606
Title	MEMBER
Name	HEGLAND, DUSTIN
Address	VA MEDICAL CENTER
City-State-Zip:	GAINESVILLE FL 32610

Title	SECRETARY
Name	JOHNS, LINDA
Address	PO BOX 1223
City-State-Zip:	STARKE FL 32091
Title	TREASURER
Name	JOHNS, AMIE
Address	1801 N TEMPLE AVE
City-State-Zip:	STARKE FL 32091
Title	MEMBER
Name	MOORHOUSE, MICHAEL
Address	1225 CENTER DRIVE, HPNP RM 4148
City-State-Zip:	GAINESVILLE FL 32610

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**EXECUTIVE DIRECTOR****02/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date