

**2025 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  
C/O SRAHEC  
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

03/13/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	GUYER, LAURA
Address	C/O SRAHEC 14646 NW 151ST BLVD
City-State-Zip:	ALACHUA FL 32615

Title	SECRETARY
Name	MUNSON, JOE
Address	C/O SRAHEC 14646 NW 151ST BLVD
City-State-Zip:	ALACHUA FL 32615

Title	EXECUTIVE DIRECTOR
Name	CATALANOTTO, SARAH
Address	C/O SRAHEC 14646 NW 151ST BLVD
City-State-Zip:	ALACHUA FL 32615

Title	MEMBERS
Name	JOHNS, LINDA
Address	C/O SRAHEC 14646 NW 151ST BLVD.
City-State-Zip:	ALACHUA FL 32615

Title	FINANCIAL MANAGER
Name	HUDSON, BROOKE
Address	C/O SRAHEC 14646 NW 151ST BLVD
City-State-Zip:	ALACHUA FL 32615

Title	MEMBERS
Name	OODY, AMIE
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:** BROOKE HUDSON

FINANCIAL MANAGER

03/13/2025

Electronic Signature of Signing Officer/Director Detail

Date