

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46306

Entity Name: SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC.

FILED
Mar 20, 2024
Secretary of State
9199680547CC

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

03/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SECRETARY
Name GUYER, LAURA
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 TREASURER
Name HEGLAND, DUSTIN
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

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

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date