

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46306

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

FILED
Feb 16, 2022
Secretary of State
5159006709CC

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

02/16/2022

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 SECRETARY

Name JOHNS, LINDA

Address PO BOX 1223

City-State-Zip: STARKE FL 32091

Title EXECUTIVE DIRECTOR

Name CATALANOTTO, SARAH

Address SUWANNEE RIVER AHEC
14646 NW 151ST BLVD

City-State-Zip: ALACHUA FL 32615

Title TREASURER

Name JOHNS, AMIE

Address 1801 N TEMPLE AVE

City-State-Zip: STARKE FL 32091

Title MEMBER

Name CHANCEY, KERRY

Address 3000 NW 83RD ST, W-00258

City-State-Zip: GAINESVILLE FL 32606

Title MEMBER

Name MOORHOUSE, MICHAEL

Address 1225 CENTER DRIVE, HPNP RM 4148

City-State-Zip: GAINESVILLE FL 32610

Title MEMBER

Name HEGLAND, DUSTIN

Address VA MEDICAL CENTER

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

02/16/2022

Electronic Signature of Signing Officer/Director Detail

Date