

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46306

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

**FILED**  
**Feb 24, 2021**  
**Secretary of State**  
**9607306959CC**

**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            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**

02/24/2021

Electronic Signature of Signing Officer/Director Detail

Date