

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001748

**Entity Name:** FLORIDA CORRECTIONS ACCREDITATION COMMISSION, INC,**Current Principal Place of Business:**2331 PHILLIPS RD.  
TALLAHASSEE, FL 32308**Current Mailing Address:**2331 PHILLIPS RD.  
TALLAHASSEE, FL 32308**FEI Number: 59-3504338****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JONES, JASON  
2331 PHILLIPS RD  
TALLAHASSEE, FL 32308 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: JASON JONES****04/02/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title COMMISSIONER  
Name LAWHORN, WILLIAM  
Address 900 NORTH ROCK ROAD  
City-State-Zip: FORT PIERCE FL 34945

Title COMMISSIONER  
Name EBERHARDT, MICHAEL  
Address 14759 SIX MILE EXPRESSWAY  
City-State-Zip: FORT MYERS FL 33912

Title COMMISSIONER  
Name JOHNSON, ROBERT  
Address P.O. BOX 7129  
City-State-Zip: MILTON FL 32583

Title COMMISSIONER  
Name CLOUTIER, JEFF  
Address 2621 SE HAWTHORNE RD  
City-State-Zip: GAINESVILLE FL 32641

Title COMMISSIONER  
Name BURGH, JENNIFER  
Address 1051 MANATEE AVENUE  
WEST 5TH FLOOR HENSLEY WING  
City-State-Zip: BRADENTON FL 34205

Title COMMISSIONER  
Name MILLER, JARED  
Address 15 OAK STREET  
City-State-Zip: CRAWFORDVILLE FL 32327

Title COMMISSIONER  
Name BRITTAIN, BRIAN  
Address 101 N. ALABAMA AVE.  
ROOM B-123  
City-State-Zip: DELAND FL 32724

Title COMMISSIONER  
Name ROBERTS, CHRIS  
Address 3301 EAST TAMiami TRAIL  
BUILDING J  
City-State-Zip: NAPLES FL 34112

**Continues on page 2**

*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: LORI MIZELL****EXECUTIVE DIRECTOR****04/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title EXECUTIVE DIRECTOR  
Name MIZELL, LORI  
Address P.O. BOX 1489  
City-State-Zip: TALLAHASSEE FL 32302

Title CHAIR  
Name LOAR, DERYL  
Address 4055 41ST AVE.  
City-State-Zip: VERO BEACH FL 32960

Title COMMISSIONER  
Name BLACKMAN, PAUL  
Address 400 S. EUCALYPTUS STREET  
City-State-Zip: SEBRING FL 33870

Title COMMISSIONER  
Name HIBBS, DARRELL  
Address 860 CAMP ROAD  
City-State-Zip: COCOA FL 32927

Title COMMISSIONER  
Name VAUGHN, STEFAN  
Address 3301 EAST TAMiami TRAIL, BLDG. J  
City-State-Zip: NAPLES FL 34112