

**2018 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****03/09/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title CHAIR  
Name PAGE, MICHAEL  
Address 16425 SPRING HILL DRIVE  
City-State-Zip: BROOKSVILLE FL 34604

Title COMMISSIONER  
Name KNIGHT, TOM  
Address P.O. BOX 4115  
City-State-Zip: SARASOTA FL 34230

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

Title D  
Name OLSON, SHIRLEY  
Address 1298 RED JOHN DR.  
VOLUSIA COUNTY PRETRIAL  
City-State-Zip: DAYTONA BEACH FL 32114

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

Title COMMISSIONER  
Name MALDONADO, LIZA  
Address 1700 MONROE STREET  
City-State-Zip: FT. MYERS FL 33901

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****03/09/2018**

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

Title MAJOR  
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