

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000000329

**FILED**  
**Jan 25, 2023**  
**Secretary of State**  
**3385947072CC**

**Entity Name:** ORGANIZATION FOR SANITATION HEALTH AND EDUCATION, INC

**Current Principal Place of Business:**

15623 NW 10TH LANE  
NEWBERRY, FL 32669

**Current Mailing Address:**

15623 NW 10TH LANE  
NEWBERRY, FL 32669 US

**FEI Number: 86-1768833**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JOSE I MORENO PA  
240 NW 76TH DRIVE  
SUITE D  
GAINESVILLE, FL 32607 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, D  
Name BABAN, SARTAJ K  
Address 15623 NW 10TH LANE  
City-State-Zip: NEWBERRY FL 32669

Title D  
Name BEICH, JEB A  
Address 2885 TUPELO DRIVE  
City-State-Zip: PANAMA CITY FL 32405

Title D  
Name HASAN, SAJID  
Address 7604 SW 49TH PLACE  
City-State-Zip: GAINESVILLE FL 32608

Title D  
Name MORENO, JOSE I  
Address 240 NW 76TH DRIVE, SUITE D  
City-State-Zip: GAINESVILLE FL 32607

*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: SARTAJ BABAN**

**PRESIDENT**

**01/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date