

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000011931

Entity Name: DSR PUBLIC HEALTH FOUNDATION, INC.**Current Principal Place of Business:**3034 FOUR OAKS BLVD
TALLAHASSEE, FL 32311**Current Mailing Address:**P.O. BOX 6475
TALLAHASSEE, FL 32314 US**FEI Number: 87-3130811****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAWKINS, ANTONIO
175 NANDINA WAY
CRAWFORDVILLE, FL 32327 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	BM
Name	GRAHAM, ANTHONY C
Address	3034 FOUR OAKS BLVD
City-State-Zip:	TALLAHASSEE FL 32311

Title	BM
Name	KORNEGAY, RYAN
Address	258 NW RIVERINE WAY
City-State-Zip:	GREENVILLE FL 32331

Title	BM
Name	DAWKINS, JAVON
Address	644 9TH COURT
City-State-Zip:	VERO BEACH FL 32962

Title	P
Name	ROBERSON, SHAMARIAL
Address	3034 FOUR OAKS BLVD
City-State-Zip:	TALLAHASSEE FL 32311

Title	VP
Name	DAWKINS, ANTONIO
Address	175 NANDINA WAY
City-State-Zip:	CRAWFORDVILLE FL 32327

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: SHAMARIAL ROBERSON**PRESIDENT****02/21/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date