|  |  |
| --- | --- |
| **Chapter (County) Name:** **EIN:** **Incorptated FL DOC #:** | Highlands County School Nutrition Association592999911 |
| **President**  | **President-elect** |
| **Name:** | Justin Perlow | **Name:** | Latasha Harnage |
| **School:** | Sebring Middle School | **School:** | Avon Park High School |
| **Daytime Phone:** | 863-471-5527 | **Daytime Phone:** | 863-452-4312 |
| **FSNA Membership Expire date:** |  | **FSNA Membership Expire date:** |  |
| **Email Address:** | perlowj@highlands.k12.fl.us | **Email Address:** | harnagel@highlands.k12.fl.us |
| **Secretary** | **Treasurer** |
| **Name:** | Trinity Madlem | **Name:** | Tonya Emerick |
| **School:** | Hill Gustat Middle School | **School:** | Fred Wild Elementary School |
| **Daytime Phone:** | 863-314-5248 | **Daytime Phone:** | 863-471-5411 |
| **FSNA Membership Expire date:** |  | **FSNA Membership Expire date:** |  |
| **Email Address:** | madlemt@highlands.k12.fl.us | **Email Address:** | emerickt@highlands.k12.fl.us |
| **Membership Chair** | **Nutrition Chair** |
| **Name:** |  | **Name:** |  |
| **School:** |  | **School:** |  |
| **Daytime Phone:** |  | **Daytime Phone:** |  |
| **FSNA Membership Expire date:** |  | **FSNA Membership Expire date:** |  |
| **Email Address:** |  | **Email Address:** |  |
| **Certification Chair** | **Legislative Chair** |
| **Name:** |  | **Name:** |  |
| **School:** |  | **School:** |  |
| **Daytime Phone:** |  | **Daytime Phone:** |  |
| **FSNA Membership Expire date:** |  | **FSNA Membership Expire date:** |  |
| **Email Address:** |  | **Email Address:** |  |
| **Scholarships & Awards** | **Chapter Reporter** |
| **Name:** |  | **Name:** | Margaret Massey |
| **School:** |  | **School:** | Lake Placid Middle School |
| **Daytime Phone:** |  | **Daytime Phone:** | 863-699-5031 |
| **FSNA Membership Expire date:** |  | **FSNA Membership Expire date:** |  |
| **Email Address:** |  | **Email Address:** | masseym@highlands.k12.fl.us |
| **Silver Circle Chair** |
| **Name:** |  |
| **School:** |  |
| **Daytime Phone:** |  |
| **FSNA Membership Expire date:** |  |
| **Email Address:** |  |

|  |
| --- |
| **Directors and Supervisors Information:**Contact information is needed even if directors/supervisors are not active in the local association. |
| **Director** | **Director** |
| **Name:** | Tim Thompson | **Name:** |  |
| **Office Address:** | 426 School Street | **Office Address:** |  |
| **City, State ZIP:** | Sebring, FL 33870 | **City, State ZIP:** |  |
| **Work Phone:** | 863-471-5676 | **Work Phone:** |  |
| **Email Address:** | thompsot@highlands.k12.fl.us | **Email Address:** |  |
| **Supervisor** | **Supervisor** |
| **Name:** | Barbara Haywood | **Name:** | Sheryl Wilson |
| **Office Address:** | 426 School Street | **Office Address:** | 426 School Street |
| **City, State ZIP:** | Sebring, FL 33870 | **City, State ZIP:** | Sebring, FL 33870 |
| **Work Phone:** | 863-471-5676 | **Work Phone:** | 863-471-5676 |
| **Email Address:** | haywoodb@highlands.k12.fl.us | **Email Address:** | Wilsons1@highlands.k12.fl.us |
| **Supervisor** | **Supervisor** |
| **Name:** | Edwin Delgado | **Name:** |  |
| **Office Address:** | 426 School Street | **Office Address:** |  |
| **City, State ZIP:** | Sebring, FL 33870 | **City, State ZIP:** |  |
| **Work Phone:** | 863-471-5676 | **Work Phone:** |  |
| **Email Address:** | delgadoe@highlands.k12.fl.us | **Email Address:** |  |

 Submitted by: Sheryl Wilson Date: 9-12-22

 Contact Email: wilsons1@highlands.k12.fl.us

Affiliation agreement on file?

\*\*\*Please attach your updated **Chapter Bylaws** when returning this form\*\*\*

*or*

xxxxxXXXXxxxx

 **X Our Bylaws are the same as last year.**

 **(Check Box)**

 **Our Local Chapter is Inactive or has been dissolved.**

 **(Check Box)**

**Please submit to:**

**kciucci@floridaschoolnutrition.org**

**Fax (850) 656-0149**

**Or mail to FSNA, 124 Salem Court, Tallahassee, Florida 32301.**