|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Chapter (County) Name:**  **EIN:**  **Incorptated FL DOC #:** | | | | Highlands County School Nutrition Association  592999911 | | | | | | |
| **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**](mailto:kciucci@floridaschoolnutrition.org)

**Fax (850) 656-0149**

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