



# LOCAL BOARD OF HEALTH MEMBERSHIP ROSTER

State Form 48137 (R8 / 9-11)  
INDIANA STATE DEPARTMENT OF HEALTH

**Please type this form.**

**INSTRUCTIONS:** Return to: *Local Health Department Outreach Division  
Public Health and Preparedness Commission  
Indiana State Department of Health  
2 North Meridian Street, Section 2N  
Indianapolis, Indiana 46204*

Name of county or city health department  
**STARKE COUNTY**

**Due Date: January 31**

| NAME OF BOARD MEMBER | PROFESSION / DESIGNATION | BOARD MEMBER MAILING ADDRESS<br><i>(number and street, city, state, and ZIP code),<br/>TELEPHONE NUMBER &amp; E-MAIL ADDRESS</i> | TERM OF OFFICE             |                          | APPOINTING BODY                     |                          | POLITICAL PARTY AFFILIATION         |                                     |                          |
|----------------------|--------------------------|--|----------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                      |                          |  | Begin<br><i>(mm/dd/yy)</i> | End<br><i>(mm/dd/yy)</i> | County                              | City                     | Democrat                            | Republican                          | Other                    |
| DEB HANSEN           | RN                       |  | 01/01/18                   | 12/31/21                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ANGELA STACY-FLAGG   | RN                       |  | 01/08/18                   | 12/31/21                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| ANGELA BANKS         | RN                       |  | 01/01/20                   | 12/31/20                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DONNA BAILEY         | RETIRED                  |  | 01/01/18                   | 12/31/20                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| RITA BERGER          |                          |  | 01/01/19                   | 12/31/22                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| CAROLYN BENOIT       | CMA                      |  | 02/03/19                   | 12/31/22                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| BRENDA STANOJEVIC    |                          |  | 01/01/18                   | 12/31/21                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Enter dates for board meetings for the upcoming year.  
**BI-MONTHLY MEETINGS TO MEET ON THE FOURTH THURSDAY OF THE MONTH STARTING JAN. 2020.**

|  |   |                                |
|--|---|--------------------------------|
| Board Chairperson                            | Vice-Chairperson                          |                                |
| Person Completing Form<br><b>FRANK LYNCH</b> | Telephone Number<br><b>(574) 772-9137</b> | Date <i>(month, day, year)</i> |