

**From:** [solodev@seminolecountyfl.gov](mailto:solodev@seminolecountyfl.gov)  
**To:** [Williams, Timothy](#)  
**Subject:** Request for Board Appointments  
**Date:** Tuesday, April 22, 2025 11:07:07 AM

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#### Contact Information

First Name \* **Kelly**  
Middle Initial  
Last Name \* **Welch**  
Email Address \* **kwelch@seminolecountyfl.gov**  
Cell Phone Number **4077607222**  
Office Phone Number **4076652391**  
Home Phone Number **4077607222**

#### Home Address

Address \* **164 Franklin Road**  
Address 2  
City \* **Lake Mary**  
State \* **Florida**  
Zipcode \* **32746**

#### Work/Office Address

Address **520 W. Lake Mary Blvd**  
Address 2  
City **Sanford**  
State **Florida**  
Zipcode **32773**

#### Employment Information

Employer **Seminole County Government**  
Position **Community Health Division Manager**  
How Long **3 years**

#### Education

High School **Lake Mary High School**  
College **University of Central Florida and Walden University**  
Degree Received **M.S. Psychology**

If you currently or have ever held a professional or business license or certificate, please provide the title, issue date and issuing authority. If any disciplinary action has been taken, please state the type and date of the action taken: Florida Certification Board - Specialist, Trainer, Child Welfare Professional AHCA - Targeted Case Management State of Florida DCF - Reviewer

#### Board Interest

Please list the Boards or Committees on which you would prefer to be considered for

appointment: **Health Council of East Central Florida**

Do you wish to be considered for other Boards? **yes**

Please state your experience and interests that you feel would qualify you as a candidate for appointment to the Board/Committee(s): Over 25 years in public health and human services positions in Seminole County. I am currently serving as the Chair of the Health Council of East Central Florida, the Chair of the Healthy Seminole Collaborative Mental Health and Substance Use Disorder subcommittee and an active member of several community subcommittees, taskforces and group focused on improving the health and wellbeing of central Florida residents.

Florida law requires that members of certain boards file a detailed financial disclosure form.

Would you be willing to serve on such a board? **\* yes**

Tell Us About Yourself

Are you a resident of Seminole County? **\* yes**

Are you a registered voter? **\* yes**

Do you own property in Seminole County? **\* yes**

Have you ever served on a County Board? **\* yes**

If yes, when and which boards(s)? **Health Council of East Central Florida (current)**

Seminole County strives to ensure that all County Boards are representative of the community. To assist in this endeavor, please check the applicable boxes:

Ethnicity **\* caucasian**

Gender **\* female**

Date Of Birth **01091973**

Reference 1

Name **Donna Walsh**

Address **Orlando, Fl**

Phone Number **407-970-7455**

Reference 2

Name **Anna Kesic**

Address **Orlando, Fl**

Phone Number **407-491-0965**

Reference 3

Name **Patricia Mondragon**

Address **Casselberry, Fl**

Phone Number **407-534-3326**

Certification

The Appointment Information Form, when completed and filed with the County Commission Office, is a PUBLIC RECORD under Chapter 119, Florida Statutes, and therefore is open to public inspection by any person.

[x] I understand the responsibilities associated with being a Board member, and I have

adequate time to serve on the above Board(s). \*