



**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 <i>(number and street, city, state, and ZIP code), TELEPHONE NUMBER &amp; E-MAIL ADDRESS</i>	TERM OF OFFICE		APPOINTING BODY		POLITICAL PARTY AFFILIATION		
			Begin <i>(mm/dd/yy)</i>	End <i>(mm/dd/yy)</i>	County	City	Democrat	Republican	Other
DEB HANSEN	RN		01/01/18	12/31/25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ANGELA STACY-FLAGG	RN		01/08/18	12/31/25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANGELA BANKS	RN		01/01/25	12/31/28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RITA BERGER			01/01/23	12/31/26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAROLYN BENOIT	CMA		01/01/23	12/31/26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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. 2025.**

Board Chairperson <b>RITA BERGER</b>	Vice-Chairperson <b>ANGELA STACY-FLAGG</b>
Person Completing Form <b>FRANK LYNCH</b>	Telephone Number <b>(574) 772-9137</b>
	Date <i>(month, day, year)</i> <b>01/23/2025</b>