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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 702559

(6)

ROYCE NURSING F	OUNDATION.	INC.
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HOYCE NURSING FOUNDATION, II					
Principal Place of Business	Mailing Address				
1611 NW 12TH AVE	1611 SW 12TH AVE	NICC			
C/O JMH SCHOOL OF NSG	C/O JMH SCHOOL OF MIAMI FL 33136	NSG		3a. Date of Last F	Penort
MIAMI FL 33136 US	US		3. Date Incorporated or Qualified OC/14/1061	02/13/19	
			06/14/1961 4. FEI Number		polied For
. Principal Place of Business	2a. Mailing Address		51-0169662	<b>├</b>	ot Applicable
	26 Cuita Ant # ata		310103002	\$8.75	Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	7	lequired
Oth, P State	City & State		6. Election Campaign Financing	\$5.00	May Be
City & State	28		Trust Fund Contribution	Added	to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s.	199.032,
25	29	30	Florida Statutes	_]Yes []No	
g. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Ro	egistered Agent	
		81 Name			
MASS, D. JANE		82 Street Add	dress (P.O. Box Number is Not Acceptable	ile)	
420 HARDEE ROAD					
CORAL GABLES FL 33146		83			
ODINE GABLEOTE SOTTO		84 City		85 Zip	Code
11. Pursuant to the provisions of Sections 617,050		[-] '		PL I	
familiar with, and accept the obligations of, Sec	(0)1 0 11 10000 1 1 10 1 - 1 1 1 1				
Pursuant to the provisions of Sections 617.050 or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE     Signature, types or printed name of registered agent		IOTE: Registered Agent signature requi	red when reinstating)	DATE	RS IN 12
SIGNATURE Signature, typed or printed name of registered ager	nt and title if applicable (N ND DIRECTORS	IOTE: Registered Agent signature requirement		ICERS AND DIRECTO	
SIGNATURE Signature, types or printed name of registered ager  2. OFFICERS AN  ITLE ST	nt and title if applicable (N	IOFE: Registered Agent signature required.  13. 11 TiTLE	red when reinstating)		
SIGNATURE  Signature, typec or printed name of registered ager  12. OFFICERS AN  ITLE ST  KRUEGER, JUDY	nt and title if applicable (N ND DIRECTORS	IOTE: Registered Agent signature requirements of the second signature requirements of	red when reinstating)	ICERS AND DIRECTO	
SIGNATURE  Signature, typed or printed name of registered ager  12. OFFICERS AN  ITLE ST  KRUEGER, JUDY  STREET ADDRESS 12340 SW 99TH AVE	nt and title if applicable (N ND DIRECTORS	IOTE: Registered Agent signature recover 13. 11 TITLE 12 NAME 13 STREEF ADDRESS	red when reinstating)	ICERS AND DIRECTO	
SIGNATURE  Signature, typed or printed name of registered ager  12. OFFICERS AN  ITLE ST  KRUEGER, JUDY  STREET ADDRESS  12340 SW 99TH AVE  MIAMI FL	nt and bit etil applicable (N ND DIRECTORS DELETE	IOTE: Registered Agent signature recom  13. 11 TITLE 12 NAME 13 STREEF ADDRESS 14 CITY - ST - ZIP	red when reinstating)	ICERS AND DIRECTO	Addition
SIGNATURE  Signature, types or printed name of registered ager  12. OFFICERS AN  ITLE ST KRUEGER, JUDY  STREET ADDRESS 12340 SW 99TH AVE  MIAMI FL  ITLE P	nt and title if applicable (N ND DIRECTORS	ICIE Registered Agent signature recom  13.  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  21 TITLE	red when reinstating)	ICERS AND DIRECTO	Addition
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SIGNATURE  Signature, typed or printed name of registered ager  12. OFFICERS AN  TITLE ST KRUEGER, JUDY  12340 SW 99TH AVE  DITY-ST-ZIP MIAMI FL  TITLE P  MASS, JANE D  420 HARDEE ROAD	nt and bit etil applicable (N ND DIRECTORS DELETE	ICITE Registered Agent signature recom  13.  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY - ST - ZIP  21 TITLE  22 NAME  23 STREET ADDRESS	red when reinstating)	ICERS AND DIRECTO	☐ Addition
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SIGNATURE: \_

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR