

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702559

**Entity Name:** ROYCE NURSING FOUNDATION, INC.

**Current Principal Place of Business:**

1500 NW 12TH AVE 7 FL EAST  
726  
MIAMI, FL 33136

**Current Mailing Address:**

1500 NW 12 AVE 7 FL EAST  
726  
MIAMI, FL 33014 US

**FEI Number: 51-0169662**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ROBERTS, NANCY E  
15060 EGAN LANE  
MIAMI LAKES, FL 33014 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           STD  
Name           ROBERTS, NANCY  
Address       15060 EGAN LANE  
City-State-Zip: MIAMI LAKES FL 33014

Title           PD  
Name           RUSSELL, BARBARA  
Address       2626 SW 183RD AVENUE  
City-State-Zip: MIRAMAR FL 33029

Title           VPD  
Name           KICKLIGHTER, LEILANI  
Address       5102 LAUREL CIRCLE  
City-State-Zip: TAMARAC FL 33319

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NANCY ROBERTS**

**STD**

**01/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date