

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007451

**Entity Name:** NONPROFITS FIRST, INC.**Current Principal Place of Business:**1818 S. AUSTRALIAN AVE  
SUITE 450  
WEST PALM BEACH, FL 33409**Current Mailing Address:**1818 S. AUSTRALIAN AVE  
SUITE 450  
WEST PALM BEACH, FL 33409 US**FEI Number:** 26-3189428**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CECERE, JESSICA  
1818 S. AUSTRALIAN AVE  
SUITE 450  
WEST PALM BEACH, FL 33409 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:** JESSICA CECERE

01/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name CECERE, JESSICA  
Address 1818 S. AUSTRALIAN AVE  
SUITE 450  
City-State-Zip: WEST PALM BEACH FL 33409

Title VC  
Name DICOMO, PHILIP  
Address 1818 S. AUSTRALIAN AVE  
SUITE 450  
City-State-Zip: WEST PALM BEACH FL 33409

Title SECRETARY  
Name SULLIVAN, JENNIFER  
Address 1818 S. AUSTRALIAN AVE  
SUITE 450  
City-State-Zip: WEST PALM BEACH FL 33409

Title OFFICER  
Name MONTGOMERY, MARK  
Address 1818 S. AUSTRALIAN AVE  
SUITE 450  
City-State-Zip: WEST PALM BEACH FL 33409

Title CHAIRMAN  
Name PIZZO, DEANA  
Address 1818 S. AUSTRALIAN AVE  
SUITE 450  
City-State-Zip: WEST PALM BEACH FL 33409

Title OFFICER  
Name BROCKWAY, TOM  
Address 1818 S. AUSTRALIAN AVE  
SUITE 450  
City-State-Zip: WEST PALM BEACH FL 33409

Title OFFICER  
Name PHILLIPS, BESSIE  
Address 1818 S. AUSTRALIAN AVENUE  
SUITE 450  
City-State-Zip: WEST PALM BEACH FL 33409

Title OFFICER  
Name FINGERHUT, NIKKI  
Address 1818 S. AUSTRALIAN AVENUE  
SUITE 450  
City-State-Zip: WEST PALM BEACH FL 33409

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*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:** JESSICA CECERE

CEO

01/10/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           MARTIN , HENRY  
Address        1818 S. AUSTRALIAN AVENUE  
                  SUITE 450  
City-State-Zip: WEST PALM BEACH FL 33409

Title           OFFICER  
Name           NASH, MELISSA  
Address        1818 S. AUSTRALIAN AVENUE  
                  SUITE 450  
City-State-Zip: WEST PALM BEACH FL 33409

Title           OFFICER  
Name           MILLER , TERESA  
Address        1818 S. AUSTRALIAN AVENUE  
                  SUITE 450  
City-State-Zip: WEST PALM BEACH FL 33409

Title           OFFICER  
Name           SAINT-PREUX, KATIA  
Address        1818 S. AUSTRALIAN AVENUE  
                  SUITE 450  
City-State-Zip: WEST PALM BEACH FL 33409