

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N10000007669

Entity Name: STORK'S NEST OF JACKSONVILLE INC.

Current Principal Place of Business:

3805 MONCRIEF ROAD W
JACKSONVILLE, FL 32209

Current Mailing Address:

P.O. BOX 41302
JACKSONVILLE, FL 32203 US

FEI Number: 27-3323416

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZETA PHI BETA SORORITY, INC. BETA ALPHA ZETA CHAPTER
3805 MONCRIEF ROAD W.
JACKSONVILLE, FL 32208 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 TREASURER
Name BRYANT-RIGGINS, VICTORIA
Address 12754 SHINNECOCK CT
City-State-Zip: JACKSONVILLE FL 32225

Title BM
Name WASHINGTON, HERLENA
Address 13565 ASHFORD WOOD CT E
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR
Name LEE, LORRAINE
Address 2175 THOMAS CT.
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY
Name BARTLETTO , JACKIE
Address 6034 NORSE DR.
City-State-Zip: JACKSONVILLE FL 32244

Title OTHER
Name JONES, BRENDA
Address 4619 CASTLETON DR.
City-State-Zip: JACKSONVILLE FL 32208

Title OTHER
Name PARKER-BELL, BERNICE
Address 2445 DUNN AVE
 306
City-State-Zip: JACKSONVILLE FL 32218

Title VP
Name DENNY, RENITA
Address 1117 W. 24TH ST
City-State-Zip: JACKSONVILLE FL 32209

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: HERLENA O WASHINGTON

PRESIDENT

07/25/2017

Electronic Signature of Signing Officer/Director Detail

Date