

**2013 FLORIDA NOT FOR PROFIT CORPORATION 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

**FEI Number: 27-3323416**

**Certificate of Status Desired: No**

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

BETA ALPHA BETA CHAPTER OF ZETA PHI BETA S  
3805 MONCRIEF ROAD W  
JACKSONVILLE, FL 32203 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 P  
Name BRYANT-RIGGINS, VICTORIA E  
Address 12754 SHINNECOCK COURT  
City-State-Zip: JACKSONVILLE FL 32225

Title VCP  
Name FLORNOY, JEWEL  
Address 44 W 16TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title T  
Name HAY, ALPHA G  
Address 1346 WEST 15TH STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title CP  
Name HOLLOWAY, VALLIE DR  
Address 824 FIRST AVE  
City-State-Zip: JACKSONVILLE FL 32250

*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: DR. VALLIE M. HOLLOWAY**

**CP**

**02/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date