

**2021 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 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:** VALLIE M. HOLLOWAY, PH.D.

04/30/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HARDMON, LASHANDA  
Address 9932 REDFISH MARSH CIRCLE  
City-State-Zip: JACKSONVILLE FL 32219

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

Title OFFICER  
Name LEE, SHAWNTARA  
Address P.O. BOX 41302  
City-State-Zip: JACKSONVILLE FL 32203

Title SECRETARY  
Name WRIGHT, MELINDA  
Address 6318 BARRY DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32208

Title VC  
Name WRIGHT, MELINDA  
Address 6318 BARRY DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32208

*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:** LASHANDA HARDMON

**DIRECTOR**

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date