

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007568

Entity Name: FIRST NESTERS, INC.**Current Principal Place of Business:**3111 W. MORRISON AVENUE
TAMPA, FL 33629**Current Mailing Address:**3111 W. MORRISON AVENUE
TAMPA, FL 33629**FEI Number:** 46-0902816**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCARLE, GLORIA
3111 W. MORRISON AVENUE
TAMPA, FL 33629 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	D
Name	FORD, JANE
Address	2602 S. DUNDEE ST..
City-State-Zip:	TAMPA FL 33629

Title	D
Name	SCARLE, MELISSA
Address	3605 S. HUBERT AVE.
City-State-Zip:	TAMPA FL 33629

Title	D
Name	SCARLE, GLORIA
Address	P.O. BOX 13309
City-State-Zip:	TAMPA FL 33681

Title	D
Name	ALEXANDER, DEBRA JO
Address	1455 HARBOUR WALK RD.
City-State-Zip:	TAMPA FL 33602

Title	D
Name	HEIDER, DONNA
Address	3919 GRANADA ST.
City-State-Zip:	TAMPA FL 33629

Title	D
Name	MOSS, SUZANNE
Address	3209 PARKLAND BLVD
City-State-Zip:	TAMPA FL 33609

Title	DIRECTOR
Name	SNYDER, TAMMY
Address	3507 BAYSHORE BLVD. UNIT 1501
City-State-Zip:	TAMPA FL 33629

Title	DIRECTOR
Name	ROOKS, KAREN
Address	1 BARBADOS AVE.
City-State-Zip:	TAMPA FL 33606

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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: GLORIA SCARLE**TREASURER****01/07/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WILLIAMS, ALANA
Address	3405 TIMBERLAKE
City-State-Zip:	WINSTON-SALEM NC 27106