

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000001292

Entity Name: FLORIDA ORGANIZATION OF NURSE EXECUTIVES
FOUNDATION, INC.**Current Principal Place of Business:**7380 W SAND LAKE ROAD, STE 500
ORLANDO, FL 32819**Current Mailing Address:**7380 W SAND LAKE ROAD, STE 500
ORLANDO, FL 32819 US**FEI Number: 47-2945053****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD, #221E
PALM BEACH GARDENS, FL 33410 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	EXECUTIVE DIRECTOR
Name	BRADY SCHWARTZ, DIANE
Address	7380 W SAND LAKE ROAD., SUITE 500
City-State-Zip:	ORLANDO FL 32819

Title	TREASURER
Name	TAYLOR, CINDY
Address	7380 W SAND LAKE ROAD., SUITE 500
City-State-Zip:	ORLANDO FL 32819

Title	PRESIDENT
Name	LUCAS, JEAN
Address	7380 W SAND LAKE ROAD., SUITE 500
City-State-Zip:	ORLANDO FL 32819

Title	SECRETARY
Name	PASLEY, NORMAN
Address	7380 W SAND LAKE ROAD., SUITE 500
City-State-Zip:	ORLANDO FL 32819

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: DIANE BRADY SCHWARTZ**EXECUTIVE DIRECTOR****01/24/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date