## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000003211

Entity Name: BLACK NURSES ROCK-BRADENTON/SARASOTA, FLORIDA

CHAPTER, INC.

Se

Apr 28, 2017 Secretary of State CC0460675180

**FILED** 

# **Current Principal Place of Business:**

7228 53RD PL E PALMETTO, FL 34221

# **Current Mailing Address:**

1180 8TH AVE W #137 PALMETTO, FL 34221

FEI Number: 81-1993374 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

LOVETT, SHAKEYA R 7228 53RD PL E PALMETTO, FL 34221 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 Title VP

Name LOVETT, SHAKEYA R Name LEE, SHAUNIECE

Address 7228 53RD PL E Address 2108 56TH AVE TERR EAST

City-State-Zip: PALMETTO FL 34221 City-State-Zip: BRADENTON FL 34203

Title SECR Title TREA

NameSNYDER, JACOLENameHOUSTON, PATRICIAAddress4247 DAY BRIDGE PLACEAddress5904 100TH AVE. E.

City-State-Zip: ELLENTON FL 34222 City-State-Zip: PARRISH FL 34219-2720

Title ASST. TREASURER
Name HONOR, KATHRYN
Address 1727 31ST AVE E.

City-State-Zip: BRADENTON FL 34208

SIGNATURE: SHAKEYA LOVETT

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.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/28/2017