

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000005530

Entity Name: ASSOCIATION OF NON-MEDICAL PROVIDERS, INC

Current Principal Place of Business:

1225 WEST BEAVER STREET
114
JACKSONVILLE, FL 32204

Current Mailing Address:

1225 WEST BEAVER STREET
114
JACKSONVILLE, FL 32204

FEI Number: 84-4729067

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, ANNIE
2403 BROWARD ROAD
JACKSONVILLE, FL 32218 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 PRES
Name BROWN, ANNIE
Address 2403 BROWARD ROAD
City-State-Zip: JACKSONVILLE FL 32218

Title VP
Name COBB, STEPHANIE
Address 4896 TOPROYAL LANE
City-State-Zip: JACKSONVILLE FL 32277

Title SECR
Name LATIMER, MATTIE
Address 5930 LUSAID DRIVE
City-State-Zip: JACKSONVILLE FL 32209

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: ANNIE BROWN

PRESIDENT

02/20/2020

Electronic Signature of Signing Officer/Director Detail

Date