

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000009991

**FILED**  
**Feb 04, 2021**  
**Secretary of State**  
**4652162832CC**

**Entity Name:** GLOBAL NURSE FOUNDATION INC.

**Current Principal Place of Business:**

614 HAMMOCK PINE BLVD  
CLEARWATER, FL 33761

**Current Mailing Address:**

614 HAMMOCK PINE BLVD  
CLEARWATER, FL 33761 US

**FEI Number:** 84-3538623

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARTIN, BOBBI  
614 HAMMOCK PINE BLVD  
CLEARWATER, FL 33761 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  
Name MARTIN, AUBREY A  
Address 1404 BOYLAN AVE  
City-State-Zip: CLEARWATER FL 33756

Title D  
Name MAHONEY, SUSAN  
Address 14516 STIRLING DRIVE  
City-State-Zip: BRADENTON FL 34202

Title D  
Name MARTIN, BOBBI  
Address 621 2ND ST. APT. A  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title VP  
Name GALLAGHER, RUTH  
Address 602 72ND AVENUE  
City-State-Zip: ST. PETERSBURG FL 33706

Title ADVISOR  
Name CARNIOL, STEVEN  
Address 42 HOLIDAY PARK DR.  
City-State-Zip: HAUPPAUGE NY 11788

*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:** BOBBI M MARTIN

**CEO**

**02/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date