

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000013160

**Entity Name:** FLORIDA ASSOCIATION OF INDEPENDENT NURSING SCHOOLS, INC.

**Current Principal Place of Business:**

2618 CENTENNIAL PL  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2618 CENTENNIAL PL  
TALLAHASSEE, FL 32308 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

HARRIS, BOB L ESQ  
2618 CENTENNIAL PL  
TALLAHASSEE, FL 32308 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 DP  
Name HARRIS, BOB L  
Address 2618 CENTENNIAL PL  
City-State-Zip: TALLAHASSEE FL 32308

Title DST  
Name DEAN, JAMES J  
Address 2618 CENTENNIAL PL  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name CARSTENS, CAMERON H  
Address 2618 CENTENNIAL PL  
City-State-Zip: TALLAHASSEE FL 32308

*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: BOB L. HARRIS

PRESIDENT

01/22/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date