

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003769

**FILED**  
**Feb 01, 2017**  
**Secretary of State**  
**CC5238361692**

**Entity Name:** FOUNDATION OF THE NATIONAL STUDENT NURSES' ASSOCIATION, INC.

**Current Principal Place of Business:**

45 MAIN ST  
STE 606  
BROOKLYN, NY 11201

**Current Mailing Address:**

45 MAIN ST  
STE 606  
BROOKLYN, NY 11201 US

**FEI Number: 13-3123125**

**Certificate of Status Desired: No**

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

INCORP SERVICES, INC.  
17888 67TH CT NORTH  
LOXAHATCHEE, FL 33470 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            PRESIDENT  
Name            WEINGARTEN, CAROL TOUSSIE  
Address        45 MAIN ST - STE 606  
City-State-Zip: BROOKLYN NY 11201

Title            TREASURER  
Name            MEHOK, DAVID  
Address        45 MAIN ST - STE 606  
City-State-Zip: BROOKLYN NY 11201

Title            TRUSTEE  
Name            HESS, ROBERT  
Address        45 MAIN ST - STE 606  
City-State-Zip: BROOKLYN NY 11201

Title            SECRETARY  
Name            HICKEY, PATRICK  
Address        45 MAIN ST - STE 606  
City-State-Zip: BROOKLYN NY 11201

Title            TRUSTEE  
Name            SLATER, LARRY  
Address        45 MAIN ST.  
                 SUITE 606  
City-State-Zip: BROOKLYN NY 11201

Title            TRUSTEE  
Name            GARCIA, ROSELLA  
Address        45 MAIN ST.  
                 SUITE 606  
City-State-Zip: BROOKLYN NY 11201

Title            VP  
Name            FILAROMO, TINA  
Address        45 MAIN ST.  
                 SUITE 606  
City-State-Zip: BROOKLYN NY 11201

Title            DIRECTOR  
Name            TEBBEN, ADAM  
Address        45 MAIN ST.  
                 SUITE 606  
City-State-Zip: BROOKLYN NY 11201

**Continues on page 2**

*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 J. MANCINO**

**EXECUTIVE DIRECTOR**

**02/01/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MANCINO, DIANE  
Address        45 MAIN STREET  
                 SUITE 606  
City-State-Zip: BROOKLYN NY 11201