

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003769

FILED
Apr 04, 2023
Secretary of State
1043769763CC

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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 SLATER, LARRY
Address 45 MAIN ST
 STE 606
City-State-Zip: BROOKLYN NY 11201

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

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

Title TRUSTEE
Name WARD, BARBARA
Address 45 MAIN ST STE 606
 SUITE 606
City-State-Zip: BROOKLYN NY 11201

Title DIRECTOR
Name CONAWAY, TAYLOR
Address 45 MAIN ST
 STE 606
City-State-Zip: BROOKLYN NY 11201

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

Title VP
Name GOMBERG, SANDRA
Address 45 MAIN ST
 STE 606
City-State-Zip: BROOKLYN NY 11201

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

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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 MANCINO

EXECUTIVE DIRECTOR

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name PERSAUD, DEV
Address 45 MAIN ST. SUITE 606
BROOKLYN, NY 11201 45 MAIN ST.
SUITE 606
City-State-Zip: BROOKLYN, NY 11201 FL