

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003769

FILED
Apr 18, 2016
Secretary of State
CC6083897311

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 HANEY, KENYA
Address 45 MAIN ST - STE 606
City-State-Zip: BROOKLYN NY 11201

Title VP
Name WEINGARTEN, CAROL TOUSSIE
Address 45 MAIN ST - STE 606
City-State-Zip: BROOKLYN NY 11201

Title TRUSTEE
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 TREASURER
Name FEHR, LOLA
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

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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

04/18/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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