

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

DOCUMENT# F20000004981

**Entity Name:** AMERICAN NURSES' ASSOCIATION, INC.**Current Principal Place of Business:**8515 GEORGIA AVENUE  
SUITE 400  
SILVER SPRING, MD 20910**Current Mailing Address:**8515 GEORGIA AVENUE  
SUITE 400  
SILVER SPRING, FL 20910 US**FEI Number:** 13-1893923**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS BLVD.  
SUITE 400  
FORT MYERS, FL 33907 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	GRANT, ERNEST
Address	8515 GEORGIA AVENUE, SUITE 400
City-State-Zip:	SILVER SPRING MD 20910

Title	T
Name	MENSIK, JENNIFER
Address	8515 GEORGIA AVENUE, SUITE 400
City-State-Zip:	SILVER SPRING MD 20910

Title	D
Name	WATSON, JEFF
Address	8515 GEORGIA AVENUE, SUITE 400
City-State-Zip:	SILVER SPRING MD 20910

Title	S
Name	PIERCE, STEPHANIE
Address	8515 GEORGIA AVENUE, SUITE 400
City-State-Zip:	SILVER SPRING MD 20910

Title	D
Name	SINGH, VARSHA
Address	8515 GEORGIA AVENUE, SUITE 400
City-State-Zip:	SILVER SPRING MD 20910

Title	D
Name	GIL, JENNIFER
Address	8515 GEORGIA AVENUE, SUITE 400
City-State-Zip:	SILVER SPRING MD 20910

*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:** ERNEST GRANT**PRESIDENT****02/19/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date