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TALLAHASSEE, FL

Y. SCOTT

APR - 2 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Black Nurses Rock Foundation, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Jon Dancy

Name of Person

Black Nurses Rock Foundation, Inc.

Firm/Company

7794 Grow Drive

Address

Pensacola, Florida 32514

City/State and Zip Code

jon.dancy@internationalamc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Dancy

Name of Person

at (850)

Area Code

484-9987

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FL

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Black Nurses Rock Foundation, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Jackson Mississippi 3. 47-5514581

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3-19-2015 5. Perpetual

(Date of Incorporation) (Date of duration, if other than perpetual)

6. 1/1/2022

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 7794 Grow Drive, Pensacola Florida 32514

(Principal office street address)

(Current mailing address, if different)

8. Professional membership and continuing career education

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Jon Dancy

Office Address: 7794 Grow Drive

Pensacola

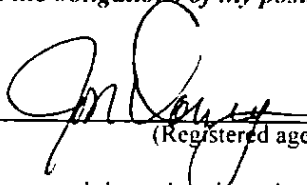
(City)

Florida 32514

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Dr. Bruce Walker
☐ Vice Chairman Address: 565 Lake Villa Dr.
☐ Director Baton Rouge, LA 70810
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Dr. Nichelle Hines
☐ Vice Chairman Address: P.O. Box 11731
☐ Director Wilmington, DE 19850
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jon Dancy
☐ Vice Chairman Address: 7794 Grow Drive
☐ Director Pensacola, Florida 32514
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: AMC President ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jon Dancy, AMC President
(Typed or printed name and capacity of person signing application)



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 19th day of March, 2015, the State of Mississippi issued a Charter/ Certificate of Authority to:

BLACK NURSES ROCK FOUNDATION

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said Black Nurses Rock Foundation is in good standing at this time.

Given under my hand and seal of office
the 24th day of February, 2022

Michael Watson

Certificate Number: CN22132053

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>

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OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FL