

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007669

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** STORK'S NEST OF JACKSONVILLE INC.

**Current Principal Place of Business:**

3805 MONCRIEF ROAD W  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 41302  
JACKSONVILLE, FL 32203

**New Mailing Address:**

**FEI Number:** 27-3323416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BETA ALPHA BETA CHAPTER OF ZETA PHI BETA S  
3805 MONCRIEF ROAD W  
JACKSONVILLE, FL 32203 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BRYANT-RIGGINS, VICTORIA E  
Address: 12754 SHINNECOCK COURT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VCP  
Name: FLORNOY, JEWELL  
Address: 44 W 16TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: T  
Name: HAY, ALPHA G  
Address: 1346 WEST 15TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: CP  
Name: HOLLOWAY, VALLIE DR  
Address: 824 FIRST AVE  
City-St-Zip: JACKSONVILLE, FL 32250

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: DR. VALLIE M. HOLLOWAY

CP

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date