

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000240

Entity Name: MT. SINAI INSTITUTE OF NURTURING AND DEVELOPMENT, INC.**FILED**
Mar 05, 2024
Secretary of State
5914039065CC**Current Principal Place of Business:**5200 W SOUTH STREET
ORLANDO, FL 32811**Current Mailing Address:**P O BOX 618186
ORLANDO, FL 32861 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLLINS, AUDREY
5200 W SOUTH STREET
ORLANDO, FL 32811 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:** AUDREY COLLINS**03/05/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	MILLS, LARRY G
Address	6632 CRENSHAW DRIVE
City-State-Zip:	ORLANDO FL 32835
Title	DIRECTOR
Name	MILLS, LANTZ G
Address	138 SOUTH WEST PHOX GLN
City-State-Zip:	LAKE CITY FL 32024
Title	DIRECTOR
Name	WOODS, KEITH
Address	5645 MAGNOLIA TERRACE
City-State-Zip:	OVIEDO FL 32765

Title	DIRECTOR
Name	HAYES, VIRGINIA P
Address	619 DOBY AVENUE
City-State-Zip:	ORLANDO FL 32805
Title	DIRECTOR
Name	THOMPSON, ELLA
Address	677 DUNBAR STREET
City-State-Zip:	WINTER PARK FL 32789

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: VIRGINIA P HAYES**DIRECTOR****03/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date