

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007966

**FILED**  
**Feb 29, 2024**  
**Secretary of State**  
**3547930368CC**

**Entity Name:** NANCY EDWARDS FAMILY SERVICES, INC.

**Current Principal Place of Business:**

2571 NW 16TH STREET  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

2571 NW 16TH STREET  
FORT LAUDERDALE, FL 33311

**FEI Number:** 73-1696807

**Certificate of Status Desired:** No

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

MOORE, MELISA  
2571 NW 16TH STREET  
FORT LAUDERDALE, FL 33311 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            MOORE, MELISA CAPREE  
Address        2571 NW 16TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33311

Title            D  
Name            SAUNDERS, ELLIOTT III  
Address        190 ORANGE DRIVE  
City-State-Zip: BOYNTON FL 33436

Title            D  
Name            MOORE, MARILYN  
Address        3100 N. STATE ROAD 7  
                  APT#402  
City-State-Zip: MARGATE FL 33063

*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:** MELISA C. MOORE

**DIRECTOR**

**02/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date