•		JN, INC.	199445	8322CC
Current Mai	ling Address:			
603 MAIN S WINDERME	TREET RE, FL 34786-1100			
FEI Number: 04-3800329			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
BYINGTON, MI 603 MAIN STR WINDERMERE				
The above name	d entity submits this statement for the purpose of changing its red	nistered office or reais	stered agent or both in the State of Fl	orida
		giotorio a cinico ci rogio	ierea ageni, er sean, ir are etate er r	onua.
SIGNATURE	E: MICHELE BYINGTON	, store a erried er regie		03/03/2021
SIGNATURE		,		
SIGNATURE Officer/Dire	E: MICHELE BYINGTON Electronic Signature of Registered Agent			03/03/2021
	E: MICHELE BYINGTON Electronic Signature of Registered Agent	Title	PCEO	03/03/2021
Officer/Dire	MICHELE BYINGTON Electronic Signature of Registered Agent ctor Detail :			03/03/2021
Officer/Dire Title	E: MICHELE BYINGTON Electronic Signature of Registered Agent Ctor Detail : DCAS	Title	PCEO	03/03/2021
Officer/Dire Title Name	EIECTRONIC Signature of Registered Agent Ctor Detail : DCAS DIZNEY, DONALD R 603 MAIN ST	Title Name	PCEO DIZNEY, DAVID A 603 MAIN ST	03/03/2021
Officer/Dire Title Name Address	EIECTRONIC Signature of Registered Agent Ctor Detail : DCAS DIZNEY, DONALD R 603 MAIN ST	Title Name Address	PCEO DIZNEY, DAVID A 603 MAIN ST	03/03/2021
Officer/Dire Title Name Address City-State-Zip:	EIECTRONIC Signature of Registered Agent Ctor Detail : DCAS DIZNEY, DONALD R 603 MAIN ST WINDERMERE FL 34786	Title Name Address	PCEO DIZNEY, DAVID A 603 MAIN ST	03/03/2021
Officer/Dire Title Name Address City-State-Zip: Title	EINTROPORTING STATES ST	Title Name Address	PCEO DIZNEY, DAVID A 603 MAIN ST	03/03/2021
Officer/Dire Title Name Address City-State-Zip: Title Name	EIECTRONIC Signature of Registered Agent Ctor Detail : DCAS DIZNEY, DONALD R 603 MAIN ST WINDERMERE FL 34786 EVPS BARKMAN, KEVIN 603 MAIN ST	Title Name Address	PCEO DIZNEY, DAVID A 603 MAIN ST	03/03/2021

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: TEN BROECK HEALTHCARE FOUNDATION, INC.

DOCUMENT# N04000005292

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: DONALD DIZNEY

DIRECTOR

03/03/2021

FILED Mar 03, 2021

Secretary of State

Electronic Signature of Signing Officer/Director Detail