

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008821

Entity Name: NATIONAL DIAMONDBACK PHARMACY ALUMNI COUNCIL INC.

FILED
Jan 31, 2021
Secretary of State
5226858770CC

Current Principal Place of Business:

4526 19TH AVENUE SOUTH
SAINT PETERSBURG, FL 33711

Current Mailing Address:

4526 19TH AVENUE SOUTH
SAINT PETERSBURG, FL 33711 US

FEI Number: 56-2480129

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UMAR, ASMAU
4526 19TH AVENUE SOUTH
SAINT PETERSBURG, FL 33711 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: ASMAU A. UMAR

01/31/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SCRIVENS, JOHN J JR.
Address 4602 N 39 ST
City-State-Zip: TAMPA FL 33610

Title DIRECTOR
Name BROWN, RITA L
Address 5578 PEDRICK PLANTATION
City-State-Zip: TALLAHASSEE FL 32317

Title IMMEDIATE PAST PRESIDENT
Name THOMAS, ROBERT L SR.
Address 10548 CORAL KEY AVE.
City-State-Zip: TAMPA FL 33647

Title TREASURER
Name UMAR, ASMAU
Address 4526 19TH AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33711

Title PRESIDENT
Name WHITE, SHARON
Address 11835 CHERRY BARK DRIVE WEST
City-State-Zip: JACKSONVILLE FL 32218

Title VP
Name MANDELA, NICKETRIS
Address 2220 GRANT STREET
City-State-Zip: HOLLYWOOD FL 33020

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: ASMAU UMAR

TREASURER

01/31/2021

Electronic Signature of Signing Officer/Director Detail

Date