

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008821

**Entity Name:** NATIONAL DIAMONDBACK PHARMACY ALUMNI COUNCIL INC.**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