

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007947

Entity Name: FLORIDA COUNCIL OF NURSE-MIDWIVES, INC.**Current Principal Place of Business:**2089 NW PINE TREE WAY
STUART, FL 34994**Current Mailing Address:**2089 NW PINE TREE WAY
STUART, FL 34994**FEI Number:** 26-3185213**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLLINS, MARY K
2089 NW PINE TREE WAY
STUART, FL 34994 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	D
Name	HOUSTON, JANE
Address	6905 53RD DR
City-State-Zip:	GAINESVILLE FL 32653

Title	D
Name	LOPEZ, ONIDIS
Address	10287 SW VILLAGE PARKWAY APT. 206
City-State-Zip:	PORT ST. LUCIE FL 34987

Title	D
Name	MCKEON, KATHLEEN
Address	8085 PRESERVATION RD
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIRECTOR
Name	OLSEN, JESSICA
Address	2073 DIXIE BELLE AVE
City-State-Zip:	DELTONA FL 32725

Title	D
Name	COLLINS, MARY KAYE
Address	2089 NW PINE TREE WAY
City-State-Zip:	STUART FL 34994

Title	D
Name	MARCUS, MIRANDA
Address	40909 SW 10TH AVE
City-State-Zip:	CAPE CORAL FL 33914

Title	D
Name	BRUMLEY, JESSICA
Address	8838 OAK CIRCLE
City-State-Zip:	TAMPA FL 33615

Title	DIRECTOR
Name	ATCHOO, AMANDA
Address	13241 BARTRAM PARK BLVD UNIT 1509
City-State-Zip:	JACKSONVILLE FL 32258

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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: MARY KAYE COLLINS**DIRECTOR, TREASURER** 01/21/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DEL VALLE, JULIA
Address	8273 TELFORD CT
City-State-Zip:	NAVARRE FL 32566