

2022 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 HENDRICKSON, KATHRYN
Address 10608 LANGEFIELD ST
City-State-Zip: ORLANDO FL 33832

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 BAILEY, BAMBI
Address 1760 EDGEWOOD AVE.
City-State-Zip: WEST JACKSONVILLE FL 32208

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**TREASURER****02/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date