

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000008191

Entity Name: FLORIDA GULF COAST CHAPTER: INFUSION NURSING SOCIETY INC.

Current Principal Place of Business:

2130 PARK CRESCENT DRIVE
LAND O' LAKES, FL 34639

Current Mailing Address:

P.O. BOX 22712
TAMPA, FL 33630 US

FEI Number: 59-2881649

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANGELA, STERLING RN
2130 PARK CRESCENT DRIVE
LAND O' LAKES, FL 34639 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: ANGELA STERLING

04/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STERLING, ANGELA RN
Address 2130 PARK CRESCENT DRIVE
City-State-Zip: LAND O' LAKES FL 34639

Title TREASURER
Name ENGER, ENGER
Address 3328 W WOODLAWN AVE
City-State-Zip: TAMPA FL 33607

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: ANGELA STERLING

PRESIDENT

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date