

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000010200

Entity Name: FAMU SCHOOL OF NURSING NATIONAL ALUMNI ASSOCIATION, INC.**FILED**
May 14, 2021
Secretary of State
0077786487CC**Current Principal Place of Business:**4416 PRINCESS LABETH COURT WEST
JACKSONVILLE, FL 32258**Current Mailing Address:**4416 PRINCESS LABETH COURT WEST
JACKSONVILLE, FL 32258 US**FEI Number: 82-3026407****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MCCRARY-HOUSE, CONSTANCE M
4416 PRINCESS LABETH COURT WEST
JACKSONVILLE, FL 32258 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: CONSTANCE M. MCCRARY-HOUSE****05/14/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name HILL, LOYCE B
Address 313 TALWOOD DRIVE
City-State-Zip: TALLAHASSEE FL 32312**Title** PAR
Name ELLIS-HUGHES, JONI
Address 3298 SEQUOYAH CIRCLE
City-State-Zip: SAIANT JOHNS FL 32259**Title** VP
Name NOTTAGE, MARSHA F
Address 7170 HUD LANE
City-State-Zip: TUSCALOOSA AL 35405**Title** HISTORIAN
Name ROLLE, CLIFORNIA
Address 1329 SOUTH RENO AVE.
City-State-Zip: EL RENO OK 73036**Title** TREA
Name MCCRARY-HOUSE, CONSTANCE M
Address 4416 PRINCESS LABETH COURT WEST
City-State-Zip: JACKSONVILLE FL 32258**Title** CHAP
Name HOWARD-CROOM, MARIE
Address 10349 SANDLER ROAD
City-State-Zip: JACKSONVILLE FL 32222**Title** RECORDING SECRETARY
Name DAVIS-KENNEDY, KATINA
Address 1204 SANTA CATALINA LANE
City-State-Zip: NORTH LAUDERDALE FL 33068**Title** FINANCIAL SECRETARY
Name HICKMAN, KIM DR.
Address 6200 32ST STREET SOUTH ST.
City-State-Zip: ST. PETERSBURG FL 33712**Continues on page 2**

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: CONSTANCE M. MCCRARY-HOUSE**TREASURER****05/14/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CORRESPONDING SECRETARY
Name	HENLEY, DESHANDA
Address	4501 MIMOSA TERRACE, UNIT # 1410
City-State-Zip:	COCONUT CREEK FL 33073