

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000077315

**FILED**  
**Apr 28, 2024**  
**Secretary of State**  
**1892000085CC**

**Entity Name:** THE NATIVITY GROUP HOME, INC

**Current Principal Place of Business:**

2106 SOUTH 26TH STREET  
FORT PIERCE, FL 34947

**Current Mailing Address:**

2106 SOUTH 26TH STREET  
FORT PIERCE, FL 34947

**FEI Number:** 90-0181453

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NATIVITY GROUPE HOME, INC.  
2106 SOUTH 26TH STREET  
FORT PIERCE,, FL 34947 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            PRESIDENT, AND EXECUTIVE  
                  DIRECTOR  
Name            PIERRE            , MARIE            NINON  
Address        2106 SOUTH 26TH  
City-State-Zip: FORT PIERCE FL 34947

Title            P/T  
Name            PIERRE, MARIE NINON  
Address        2106 SOUTH 26TH STREET  
City-State-Zip: FORT PIERCE FL 34947

Title            VP, SECRETARY  
Name            ANGLADE, ASHLEY L  
Address        11472 SW FIELDSTONE WAY  
City-State-Zip: FORT SAINT LUCIE FL 34987

Title            COO  
Name            JEANNOT, CARLINE  
Address        5428 NW WISK FERN CIRCLE  
City-State-Zip: PORT ST LUCIE FL 34986

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIE NINON PIERRE

**PRESIDENT, EXECUTIVE    04/28/2024**  
**DIRECTOR**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date