

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000031618

**Entity Name:** NONPROFIT MANAGEMENT CONSULTANT SERVICES, LLC

**Current Principal Place of Business:**

3385 SAINT VINCENT TERRACE  
LAKELAND, FL 33812

**Current Mailing Address:**

P.O. BOX 1179  
HIGHLAND CITY, FL 33846 US

**FEI Number: 83-3482970**

**Certificate of Status Desired: Yes**

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

JOHNSON, DELORIS  
3385 SAINT VINCENT TERRACE  
LAKELAND, FL 33812 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

**Authorized Person(s) Detail :**

Title MGRM  
Name JOHNSON, DELORIS  
Address 3385 SAINT VINCENT TERRACE  
City-State-Zip: LAKELAND FL 33812

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DELORIS JOHNSON**

**MGRM**

**01/22/2024**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date