

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000003766

**Entity Name:** TIDES ADVOCACY INC.

**Current Principal Place of Business:**

1014 TORNEY AVENUE  
SAN FRANCISCO, CA 94129-1755

**Current Mailing Address:**

1014 TORNEY AVENUE  
SAN FRANCISCO, CA 94129-1755 US

**FEI Number:** 94-3153687

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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 CEO, PRESIDENT, DIRECTOR  
Name AVILA, ROMILDA  
Address 1014 TORNEY AVENUE  
City-State-Zip: SAN FRANCISCO CA 94129-1755

Title DIRECTOR  
Name BOUCHER, NICOLE  
Address 1014 TORNEY AVENUE  
City-State-Zip: SAN FRANCISCO CA 94129-1755

Title DIRECTOR  
Name CHIOKE WILLIAMS, NATHANIEL  
Address 1014 TORNEY AVENUE  
City-State-Zip: SAN FRANCISCO CA 94129-1755

Title DIRECTOR  
Name CORDERY, WILL  
Address 1014 TORNEY AVENUE  
City-State-Zip: SAN FRANCISCO CA 94129-1755

Title DIRECTOR  
Name COUVSON, DR. MONIQUE  
Address 1014 TORNEY AVENUE  
City-State-Zip: SAN FRANCISCO CA 94129-1755

Title DIRECTOR  
Name EVANS-PAGE, JANIECE  
Address 1014 TORNEY AVENUE  
City-State-Zip: SAN FRANCISCO CA 94129-1755

Title CFO, TREASURER, DIRECTOR  
Name HATCHER, JUDY  
Address 1014 TORNEY AVENUE  
City-State-Zip: SAN FRANCISCO CA 94129-1755

Title CHAIRMAN, DIRECTOR  
Name JONES, VINCENT  
Address 1014 TORNEY AVENUE  
City-State-Zip: SAN FRANCISCO CA 94129-1755

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*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:** ROMILDA AVILA

**CEO**

**02/05/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name NYANDORO, DR. AISHA  
Address 1014 TORNEY AVENUE  
City-State-Zip: SAN FRANCISCO CA 94129-1755

Title DIRECTOR, SECRETARY  
Name PATTERSON, KACI  
Address 1014 TORNEY AVENUE  
City-State-Zip: SAN FRANCISCO CA 94129-1755

Title DIRECTOR  
Name TOFFIE, QUANITA  
Address 1014 TORNEY AVENUE  
City-State-Zip: SAN FRANCISCO CA 94129-1755