### 2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000004981

Entity Name: AMERICAN NURSES' ASSOCIATION, INC.

**FILED** Jan 26, 2022 **Secretary of State** 5424003393CC

## **Current Principal Place of Business:**

8515 GEORGIA AVENUE

SUITE 400

SILVER SPRING, MD 20910

### **Current Mailing Address:**

8515 GEORGIA AVENUE SUITE 400

SILVER SPRING, FL 20910 US

FEI Number: 13-1893923 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC. 5237 SUMMERLIN COMMONS BLVD. SUITE 400

FORT MYERS, FL 33907 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 Title **TREASURER** Name GRANT, ERNEST Name WIDMER, JOAN

8515 GEORGIA AVENUE, SUITE 400 8515 GEORGIA AVENUE, SUITE 400 Address Address

City-State-Zip: SILVER SPRING MD 20910 City-State-Zip: SILVER SPRING MD 20910

Title Title

Name DOUCETTE, JEFFREY MCCARTHY, AMY Name

8515 GEORGIA AVENUE 8515 GEORGIA AVENUE Address Address SUITE 400

SUITE 400

City-State-Zip: SILVER SPRING MD 20910 City-State-Zip: SILVER SPRING MD 20910

Title Title D D

Name GIL. JENNIFER Name BUECHEL, AMANDA

8515 GEORGIA AVENUE, SUITE 400 Address 8515 GEORGIA AVENUE, SUITE 400 Address

SILVER SPRING MD 20910 City-State-Zip: SILVER SPRING MD 20910 City-State-Zip:

Title VΡ Title **DIRECTOR** 

Name SWART, SUSAN HENDERSON, MARCUS Name

Address 8515 GEORGIA AVENUE 8515 GEORGIA AVENUE Address

SUITE 400 SUITE 400

SILVER SPRING MD 20910 City-State-Zip: SILVER SPRING MD 20910 City-State-Zip:

## Continues on page 2

SIGNATURE: ERNEST GRANT

**PRESIDENT** 

01/26/2022

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.

# Officer/Director Detail Continued:

Title DIRECTOR

Name SANDOW, BRIENNE

8515 GEORGIA AVENUE SUITE 400 Address

City-State-Zip: SILVER SPRING MD 20910