

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009937

**Entity Name:** ORGANIZATION FOR ASSOCIATES DEGREE NURSING, INC.

**FILED**  
**Mar 31, 2022**  
**Secretary of State**  
**0693330349CC**

**Current Principal Place of Business:**

219 SECOND AVENUE  
SUITE B  
EDWARDSVILLE, IL 62025

**Current Mailing Address:**

POST OFFICE BOX 928380  
8650 GENESSE AVE SUITE # 214  
SAN DIEGO, CA 92192-8380 US

**FEI Number: 75-2129911**

**Certificate of Status Desired: No**

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET  
SUITE 4  
TALLAHASSEE, FL 32301 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: BRYAN HOFFMAN**

**03/31/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCHMIDT, LAURA  
Address        911 ROSE COURT  
City-State-Zip: KEWADIN MI 49648

Title            CEO  
Name            MEYER, DONNA  
Address        5127 RENAISSANCE AVE  
                  UNIT A  
City-State-Zip: SAN DIEGO CA 92122

Title            SECRETARY  
Name            ELLIOTT, KATHARINE  
Address        108 PINE CV  
City-State-Zip: FLORA MS 39071

Title            TREASURER  
Name            MASKEY, CYNTHIA  
Address        1013 WILLOWBROOK DR  
City-State-Zip: SPRINGFIELD IL 62711-8128

*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: DONNA MEYER**

**CEO**

**03/31/2022**

Electronic Signature of Signing Officer/Director Detail

Date