

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000000792

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

**FILED**  
**Mar 29, 2017**  
**Secretary of State**  
**CC2536682578**

**Current Principal Place of Business:**

7794 GROW DRIVE  
PENSACOLA, FL 32514

**Current Mailing Address:**

7794 GROW DRIVE  
PENSACOLA, FL 32514 US

**FEI Number: 54-1909704**

**Certificate of Status Desired: Yes**

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

DANCY, JON  
7794 GROW DRIVE  
PENSACOLA, FL 32514 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	P	Title	VP
Name	MEE, CHERIE	Name	BOURGEOIS, PATSY
Address	41 BIRCH AVENUE	Address	104 LLANFAIR DRIVE
City-State-Zip:	RICHBORO PA 18954	City-State-Zip:	RUSTON LA 71270

Title	S
Name	RAYFIELD, TINA
Address	12480 SERATAINE DRIVE
City-State-Zip:	PENSACOLA FL 32506

*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: CHERIE MEE

PRESIDENT

03/29/2017

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

\_\_\_\_\_  
Date