

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N17000012311

**Entity Name:** NO MORE STARVING ARTISTS FOUNDATION INC.

**Current Principal Place of Business:**

703 39TH STREET  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

703 39TH STREET  
SUITE 314  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 82-3674405

**Certificate of Status Desired:** No

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

SLADE-BURKS, TRINA  
703 39TH STREET  
WEST PALM BEACH, FL 33407 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:** TRINA SLADE-BURKS

08/27/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SLADE-BURKS, TRINA  
Address 703 39TH STREET  
City-State-Zip: WEST PALM BEACH FL 33407

Title VP  
Name MCINNIS, CRAIG  
Address 523 COLONIAL RD  
City-State-Zip: WEST PALM BEACH FL 33405

Title TREASURER  
Name HENNEVELT, NICKIE  
Address 3611 EASTVIEW AVE.  
City-State-Zip: WEST PALM BEACH FL 33407

Title SECRETARY  
Name ROSS KONING, JENNIFER  
Address 18053 43RD RD N  
City-State-Zip: LOXAHATCHEE FL 33470

Title OTHER  
Name ADELSON, ADAM  
Address 410 EVERNIA STREET  
City-State-Zip: WEST PALM BEACH FL 33401

Title OTHER  
Name JEFFRIES, SCOTT  
Address 1001 NORTH M STREET  
City-State-Zip: LAKE WORTH BEACH FL 33460

*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:** TRINA SLADE-BURKS

NO MORE STARVING  
ARTISTS FOUNDATION

08/27/2025

Electronic Signature of Signing Officer/Director Detail

Date