

FILED

Aug 01, 2001 8:00 am
Secretary of State

07-12-2001 90118 016 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730661

1. Entity Name

DISTRICT NUMBER 2 OF THE FLORIDA NURSES' ASSOCIA

Principal Place of Business

PO BOX 10062
JACKSONVILLE FL 32247-7062

Mailing Address

PO BOX 10062
JACKSONVILLE FL 32247-7062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0658163

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMSEY, MARY G
7425 HENNESSY RD
JACKSONVILLE FL 32244-4711

Name ~~Mary Kathleen Ebener~~

Street Address (P.O. Box Number is Not Acceptable)

1472 Water Pipit Lane

City Orange Park

FL

Zip Code 32003

8. 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

Mary Kathleen Ebener

7/10/01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
NAME RAMSEY, MARY G Delete
STREET ADDRESS 7425 HENNESSY RD
CITY-ST-ZIP JACKSONVILLE FL

P
NAME William D Ahrens Change Addition
STREET ADDRESS 4429 Arch Creek Dr
CITY-ST-ZIP Jacksonville, FL 32257

V
NAME CLARK, ALICE Delete
STREET ADDRESS 827 TOURNAMENT RD
CITY-ST-ZIP PVB FL 32082

V
NAME Andrea Gregg Change Addition
STREET ADDRESS 3726 sea Hawk st, East
CITY-ST-ZIP Jacksonville, FL 32227

D
NAME FULWOOD, KAY Delete
STREET ADDRESS 2345 LUANA DR EAST
CITY-ST-ZIP JACKSONVILLE FL 32246-9561

S
NAME Gloria Caffrey Change Addition
STREET ADDRESS 2569 Wilwood Lane
CITY-ST-ZIP Orange Park, FL 32073

P
NAME HOLMAN, MIMI H Delete
STREET ADDRESS 1532 KINGSLEY
CITY-ST-ZIP OP FL 32087-2187

D
NAME D Helen Holman Change Addition
STREET ADDRESS Kathleen Hagan
CITY-ST-ZIP 1523 With Iris Lane
Orange Park, FL 32003

D
NAME EBENER, KATHY Delete
STREET ADDRESS 1472 WATER PIPIT LN
CITY-ST-ZIP OP FL 32073-7238

T
NAME Mary Kathleen Ebener Change Addition
STREET ADDRESS 1472 water Pipit Lane
CITY-ST-ZIP Orange Park, FL 32003

S
NAME RAIFORD, BETSY Delete
STREET ADDRESS 1347 MORIER ST
CITY-ST-ZIP JACKSONVILLE FL 32207

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Kathleen Ebener

Mary Kathleen Ebener

7/10/01

904 2696839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)