

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 751959 (8)
1. Corporation Name
FLORIDA SOCIETY OF POST ANESTHESIA NURSES, INC.

Principal Place of Business Mailing Address
% KATHLEEN E JONES **% KATHLEEN E JONES**
4147 TEE RD **4147 TEE RD**
SARASOTA FL 34235 **SARASOTA FL 34235**
US **US**

3. Date Incorporated or Qualified **04/10/1980** 3a. Date of Last Report **05/17/1994**
4. FEI Number **59-1759997** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, KATHLEEN E
4147 TEE RD
SARASOTA FL 34235

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **MILNE, SUSAN**
STREET ADDRESS **824 NE NINTH AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL**
TITLE **PD**
NAME **SOULE, SUE**
STREET ADDRESS **1904 N TAYLOR RD**
CITY-ST-ZIP **BRANDON FL**
TITLE **SD**
NAME **D'ANTONIO, JOANNE**
STREET ADDRESS **6073 DUNFRIES ST**
CITY-ST-ZIP **ST PETERSBURG FL**
TITLE **TD**
NAME **JONES, KATHLEEN E**
STREET ADDRESS **4147 TEE RD**
CITY-ST-ZIP **SARASOTA FL**
TITLE **VD**
NAME **SAUFL, NANCY**
STREET ADDRESS **114 PINION CIRCLE**
CITY-ST-ZIP **ORMOND BEACH FL**
TITLE **D**
NAME **GAINEY, MARTIE**
STREET ADDRESS **1731 INDIANTOWN LN.**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE **SOULE, SUE** ☒ Change ☐ Addition
1.2 NAME **1904 N TAYLOR RD**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **BRANDON, FL 33510**
2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **NANCY SAUFL**
2.3 STREET ADDRESS **114 PINION CIRCLE**
2.4 CITY-ST-ZIP **ORMOND BEACH, FL 32174**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE **VD** ☒ Change ☐ Addition
5.2 NAME **BOYUM, LINDA**
5.3 STREET ADDRESS **14204 BLACKBERRY DR**
5.4 CITY-ST-ZIP **WELLINGTON, FL 33414**
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathleen E. Jones **KATHLEEN E. JONES**

4-23-95 813951-1055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Here)