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DIVISION OF CORPORATIONS

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N35984** **(6)**

1. Corporation Name

FLORIDA CHAPTER OF THE NATIONAL FLIGHT NURSES AS SOCIATION, INC.

Principal Place of Business	Mailing Address
THERESA LEAVER 6881 SW 27 CT. MIRAMAR FL 33023 US	~~5520 GUNN HWY~~ ~~#1111~~ ~~TAIL FL 33624~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1990	3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-3021971	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒	$8.75 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	26 22 WEST YALE ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 ORLANDO, FL
Zip 24 / Country 25	Zip 29 32804 / Country 30 USA

9. Name and Address of Current Registered Agent

BRANKLEY, ELLEN
5520 GUNN HWY., #1111
JEFFERSON RD.
TAMPA FL 33624

10. Name and Address of New Registered Agent

31 Name: CORBETT, PATRICIA
32 Street Address (P.O. Box Number is Not Acceptable): 22 WEST Yale ST
33
34 City: ORLANDO FL 35 Zip Code: 32804

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: Patricia F Corbett, PATRICIA F Corbett 3-6-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	BRANKLEY, ELLEN	12 NAME	CORBETT, PATRICIA	
STREET ADDRESS	5520 GUNN HWY., #1111	13 STREET ADDRESS	22 W. Yale ST	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Orl, FL 32804	
TITLE	PED	21 TITLE	PED	☒ Change ☐ Addition
NAME	KOENIG, DAWN	22 NAME	Jim Howard	
STREET ADDRESS	2918 SAN CARLOW ST	23 STREET ADDRESS	PO BOX 14114 (N/A)	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	GAINESVILLE, FL 32614	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	BIDDY, KAREN	32 NAME	Powser, Cindy	
STREET ADDRESS	RT. 2 BOX 863 A	33 STREET ADDRESS	682 Tuscora Drive	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	WINTER SPRINGS, Florida 32708	
TITLE	S	41 TITLE	D	☒ Change ☐ Addition
NAME	TANNER, DOTTIE	42 NAME	Vukich, Lorraine	
STREET ADDRESS	112 COLLEGE HILL DR.	43 STREET ADDRESS	655 WEST 8TH ST	
CITY-ST-ZIP	CASSELBERRY FL	44 CITY-ST-ZIP	JACKSONVILLE, Florida 32209	
TITLE	T	51 TITLE	T	☐ Change ☐ Addition
NAME	LEAVER, THERESA	52 NAME	LEAVER, Theresa	
STREET ADDRESS	6881 SW 27 CT	53 STREET ADDRESS	6881 SW 27CT	
CITY-ST-ZIP	MIRAMAR FL	54 CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	61 TITLE	S	☒ Change ☐ Addition
NAME	SAUM, PEGGY	62 NAME	Saum, Peggy	
STREET ADDRESS	12919 HUNTLEY MANOR DR.	63 STREET ADDRESS	12919 Huntley Manor Dr	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	JACKSONVILLE FL 32224	

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 119.07(3)(i), 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.

RETURN BY FRIDAY 1

SIGNATURE: Patricia F Corbett 3-6-95 407-839-4947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064720