

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000002341 (5)**

1. Corporation Name

INTERNATIONAL SOCIETY OF PSYCHIATRIC CONSULTATION LIAISON NURSES, INC.



Principal Place of Business

Mailing Address

437 TWIN BAY DR
PENSACOLA FL 32534-1350

437 TWIN BAY DR
PENSACOLA FL 32534-1350

3. Date Incorporated or Qualified
05/10/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3232323

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUETZ, BELINDA E
437 TWIN BAY DR
PENSACOLA FL 32534-1350**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	D	<input type="checkbox"/> DELETE
NAME	PUETZ, BELINDA E	
STREET ADDRESS	437 TWIN BAY DRIVE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBINETTE, ANN	
STREET ADDRESS	11403 EAST QUEENSWAY DR	
CITY - ST - ZIP	TEMPLE TERRACE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KRUPNICK, SUSAN	
STREET ADDRESS	358 CHURCH RD	
CITY - ST - ZIP	JENKINTOWN PA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRESE, SALLY	
STREET ADDRESS	433 TIMBERIDGE DR	
CITY - ST - ZIP	ST PETERS MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEESE, JANE	
STREET ADDRESS	8238 ADDISON DR	
CITY - ST - ZIP	HARRISBURG NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BONADONNA, RAMITA	
STREET ADDRESS	PO BOX 1314	
CITY - ST - ZIP	FOLLY BEACH SC	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: *Belinda S. Puetz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

904-474-4147

Date

Daytime Phone #

CR2E037 (12/95)