FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 10 PM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700554 (9)

1. Corporation Name
THE FLORIDA NURSES ASSOCIATION, DISTRICT TWENTY-ONE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 21691 FORT LAUDERDALE FL 33335	P.O. BOX 21691, N/A FT. LAUDERDALE FL 33335 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1960
3a. Date of Last Report: 05/01/1994
4. FEI Number: 05-9075077 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WHITE,ROBERT ATTORNEY AT LAW
1401 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	EDIC, DARLENE	1.2 NAME	
STREET ADDRESS	861 NW 67TH AVE	1.3 STREET ADDRESS	717 NW 91 Terrace
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	UPSHAW, CONSTANCE	2.2 NAME	
STREET ADDRESS	4665 SW 38 TERRACE	2.3 STREET ADDRESS	323 SW 33 ave.
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Deerfield Beach, Fl. 33441
TITLE	T	3.1 TITLE	☒ Change ☐ Addition
NAME	LAROCCA, STACY	3.2 NAME	
STREET ADDRESS	1356 SW 151 WAY	3.3 STREET ADDRESS	16654 Hemingway Drive
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33326
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	GRANT, ANN	4.2 NAME	Orben, Jane
STREET ADDRESS	901 CYPRESS GROVE DR / STE 206	4.3 STREET ADDRESS	1311 NE 27 Terrace
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Stacy O. LaRocca Stacy L. LaRocca (Treasurer) 3/7/95 (305)467-4938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047488