

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 # 700554 (9)

1. Corporation Name

THE FLORIDA NURSES ASSOCIATION, DISTRICT TWENTY-ONE, INC.



Principal Place of Business

P.O. BOX 21691
FORT LAUDERDALE FL 33335

Mailing Address

P.O. BOX 21691, N/A
FT. LAUDERDALE FL 33335
US

3. Date Incorporated or Qualified
03/01/1960

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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

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

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

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

TITLE PD
NAME EDIC, DARLENE
STREET ADDRESS 717 NW 91 TERRACE
CITY-STATE-ZIP PLANTATION FL

DELETE

TITLE VD
NAME UPSHAW, CONSTANCE
STREET ADDRESS 323 SW 33RD AVE.
CITY-STATE-ZIP DEERFIELD BEACH FL

DELETE

TITLE ~~LD~~
NAME ~~LAROSA, STACY~~
STREET ADDRESS ~~16654 HEMINGWAY DR.~~
CITY-STATE-ZIP ~~FT. LAUDERDALE FL~~

~~DELETE~~

TITLE SD
NAME ORBEN, JANE
STREET ADDRESS 1311 NE 27TH TERRACE
CITY-STATE-ZIP POMPANO BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

Change Addition
Same

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change Addition
TD
2750 NW Timbercreek Circle
Boca Raton, FL 33431

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change Addition
VD
Grant, ANN
901 Cypress Grove Ct/STE 206
Pompano Beach, FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change Addition
Same

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition

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 if changed, or on an attachment with an address.

SIGNATURE: Constance M Upshaw Constance M Upshaw 2/11/96 305-985-4916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Treasurer)

CR2E037 (12/95)