

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700554 (9)**

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

Principal Place of Business <b>P.O. BOX 21691 FORT LAUDERDALE FL 33335</b>	Mailing Address <b>P.O. BOX 21691, N/A FT. LAUDERDALE FL 33335-1691 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/01/1960</b>	3a. Date of Last Report <b>02/16/1996</b>
4. FEI Number <b>05-9075077</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

*delete*

10. Name and Address of New Registered Agent

81 Name **Arlene Rohr (fka) Simon**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**11625 NW 5 ST.**  
83  
84 City **Plantation, FL** 85 Zip Code **33325**

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 *Arlene Rohr (fka) Simon* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EDIC, DARLENE	
STREET ADDRESS	717 NW 91 TERRACT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	UPSHAW, CONSTANCE	
STREET ADDRESS	2750 NW TIMBERCREEK CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRANT, ANN	
STREET ADDRESS	901 CYPRESS GROVE DR STE 206	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ORBEN, JANE	
STREET ADDRESS	1311 NE 27TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Arlene Rohr (fka) Simon	
1.3 STREET ADDRESS	11625 NW 5 ST.	
1.4 CITY-ST-ZIP	Plantation, FL 33325-1908	
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Same	
2.3 STREET ADDRESS	Same	
2.4 CITY-ST-ZIP	Same	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same	
3.3 STREET ADDRESS	Same	
3.4 CITY-ST-ZIP	Same	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Same	
4.3 STREET ADDRESS	Same	
4.4 CITY-ST-ZIP	Same	
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 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 *Arlene Rohr (fka) Simon* 11/3/97 9:44 985-1911

CR2E037 (9/96)