2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004
Secretary of State

DOCUMENT# 700554

Entity Name: THE FLORIDA NURSES ASSOCIATION, DISTRICT TWENTY-ONE, INC.

Current Principal Place of Business:

P.O. BOX 21691
FORT LAUDERDALE, FL 33335

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 05-9075077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARLENE ROHR
11625 NW 5 ST.
PLANTATION, FL 33325 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FISHMAN, SARAH
Address: 3710 INVERRARY DR #3X
City-St-Zip: LAUDERHILL, FL 33319

Title: TTD ( ) Delete
Name: SCHWIND, MARIA
Address: 1115 13TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD ( ) Delete
Name: STEPHENS, JOAN
Address: 7377 NW 47 PLACE
City-St-Zip: TAMARAC, FL 33319

Title: D ( ) Delete
Name: ORBEN, JANE
Address: 1311 NE 27TH TERRACE
City-St-Zip: POMPANO BEACH, FL

Title: D ( ) Delete
Name: GASCOYNE, MARGARET
Address: 3990 NW 42ND AVE #110
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: S ( ) Delete
Name: BROWNE, CHRISTINE
Address: 3913 CLEVELAND ST
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHWIND, MARIA
Address: 1115 13TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33019

Title: TTD (X) Change ( ) Addition
Name: UPSHAW, CONSTANCE
Address: 2750 NW TIMBERCREEK CIRCLE
City-St-Zip: BOCA RATON, FL 33431

Title: VD (X) Change ( ) Addition
Name: MC COY, ANITA
Address: 7241 SOUTHGATE BLVD
City-St-Zip: MARGATE, FL 33068

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSTANCE UPSHAW TTD 02/27/2004

Electronic Signature of Signing Officer or Director — Date