

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700554

FILED  
Apr 23, 2007  
Secretary of State

**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:**

1115 13TH TERRACE  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

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

**New Mailing Address:**

P.O. BOX 21691  
FT. LAUDERDALE, FL 33335 US

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

Title: TTD ( ) Delete  
Name: STONE, NELLY  
Address: 14110 SW 15TH COURT  
City-St-Zip: DAVIE, FL 33325

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

Title: VP ( ) Delete  
Name: DAVIS, MARGARET  
Address: 7480-3 S ARAGON BLVD  
City-St-Zip: SUNRISE, FL 33313

Title: D ( ) Delete  
Name: PUJA, JOANNE  
Address: 261 NE 16 PLACE 302  
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: S ( ) Delete  
Name: OSBORN, JOAN  
Address: 14055 LANGLEY PLACE  
City-St-Zip: DAVIE, FL 33325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 Chapter 119, 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: NELLY STONE

TTD

04/23/2007

Electronic Signature of Signing Officer or Director

Date