

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700554

FILED
Apr 06, 2009
Secretary of State

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

Current Principal Place of Business:

1115 13TH TERRACE
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21691
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: 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: S () Delete
Name: PUIA, JOANNE
Address: 261 NE 16 PLACE 302
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: D () Delete
Name: BENTON-BROWN, NAOMI
Address: 1801 NW 26 TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BROWNE, CHRISTINE
Address: 3913 CLEVELAND STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: P (X) Change () Addition
Name: DAVIS, MARGARET
Address: 7480-3 S ARAGON BLVD
City-St-Zip: SUNRISE, FL 33313

Title: S (X) Change () Addition
Name: PRITCHARD, BARBARA
Address: 1060 SW 149 LANE
City-St-Zip: SUNRISE, FL 33326

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

I hereby certify that the information supplied with this filing does not qualify 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

Electronic Signature of Signing Officer or Director

TTD

04/06/2009

Date