

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700554

**FILED**  
**May 05, 2011**  
**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:**

1235 E. CONCORD ST  
ORLANDO, FL 32803 US

**Current Mailing Address:**

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

**New Mailing Address:**

P.O. BOX 536985  
ORLANDO, FL 32853 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:**

KEAR, MAVRA  
1844 BEDIVERE ST  
LAKELAND, FL 33813 US

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:** MAVRA KEAR

05/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GREGG, ANDREA  
**Address:** 3726 SEAHAWK ST  
**City-St-Zip:** JACKSONVILLE, FL 32224 US

**Title:** VP  
**Name:** HUNT, DEBRA  
**Address:** 4005 BEACON RIDGE WAY  
**City-St-Zip:** CLERMONT, FL 34711 US

I hereby 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 all other like empowered.

**SIGNATURE:** MAVRA KEAR

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05/05/2011

Electronic Signature of Signing Officer or Director

Date