

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **701390** (7)

1. Corporation Name

DISTRICT NO. 9 OF THE FLORIDA NURSES ASSOCIATION, INC.

Principal Place of Business

P O BOX 2551
WEST PALM BEACH FL 33402

Mailing Address

P O BOX 2551
WEST PALM BEACH FL 33402



3. Date Incorporated or Qualified
01/06/1972

3a. Date of Last Report
01/23/1995

4. FEI Number

59-6179837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAUL, MYRTLE
3277 RCA BLVD
PALM BCH GARDENS FL 33410**

81 Name

HONEYMAN, SALLY

82 Street Address (P.O. Box Number is Not Acceptable)

5586 GOLDEN EAGLE CR.

83

84

PALM BEACH Gdns., FL

85 Zip Code

33418

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

Sally Honeyman, Treasurer / SALLY HONEYMAN

6/12/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **PAUL, MYRTLE**
STREET ADDRESS **3277 RCA BLVD.**
CITY-ST-ZIP **LAKE PARK FL**

TITLE ☒ DELETE
NAME **BURDETTE, EILEEN**
STREET ADDRESS **757 EAGLE WAY**
CITY-ST-ZIP **N PALM BCH FL**

TITLE ☐ DELETE
NAME **TAYNTON, NANCY**
STREET ADDRESS **2594 WABASH DR.**
CITY-ST-ZIP **LAKE PARK FL**

TITLE ☐ DELETE
NAME **SMITH, KATHLEEN**
STREET ADDRESS **1484 N MANGONIA DR.**
CITY-ST-ZIP **W PALM BCH. FL**

TITLE ☒ DELETE
NAME **BURDETTE, EILEEN**
STREET ADDRESS **757 EAGLE WAY**
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE ☒ DELETE
NAME **SEAMON, CAROL**
STREET ADDRESS **202 MARTIN CIR**
CITY-ST-ZIP **W PALM BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **T/D SALLY HONEYMAN**
1.3 STREET ADDRESS **5586 GOLDEN EAGLE CR.**
1.4 CITY-ST-ZIP **PALM BCH. Gdns., FL. 33418**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **P DEIDRE KRAUSE**
2.3 STREET ADDRESS **13283 MARCELLA BLVD**
2.4 CITY-ST-ZIP **LOXAHATCHEE, FL. 33470**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **S/D**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Sally Honeyman / SALLY HONEYMAN**

6/12/96 (407) 627-6759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (3/96)