


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/06/1972	
4. FEI Number 59-6179837	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent HONEYMAN, SALLY Deborah A. Hargett 5586 GOLDEN EAGLE CR. 3635 Whitehall Dr. #102 PALM BEACH GARDENS FL 33410 West Palm Beach, FL 33401	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 Debbie Hargett Debbie Hargett, R.N., B.S.N. 3-16-98 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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12. OFFICERS AND DIRECTORS	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME SALLY HONEYMAN	
STREET ADDRESS 5586 GOLDEN EAGLE CR.	
CITY-ST-ZIP PALM BEACH GARDENS FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME DEIDRE KRAUSE	
STREET ADDRESS 13283 MARCELLA BLVD.	
CITY-ST-ZIP LOXAHATCHEE FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME HARRISON, NANCY Hinson	
STREET ADDRESS 2594 WABASH DR.	
CITY-ST-ZIP LAKE PARK FL	
TITLE D	<input type="checkbox"/> DELETE
NAME SMITH, KATHLEEN	
STREET ADDRESS 1484 N MANGONIA DR.	
CITY-ST-ZIP W PALM BCH. FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME Deborah A. Hargett	
STREET ADDRESS 3635 Whitehall Drive #102	
CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE VD	<input type="checkbox"/> DELETE
NAME Darlene Crawford	
STREET ADDRESS 3057 "E" Road	
CITY-ST-ZIP Loxahatchee, FL 33470	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE Debbie Hargett 3/16/98 061	
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CR2E037 (10/97)