

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **708606** (9)

1. Corporation Name

LICENSED PRACTICAL NURSES ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

10441 WINFRED LANE (P.C. 32405)
PO BOX 2304
PANAMA CITY FL 32402-2304

10441 WINFRED LANE (P.C. 32405)
PO BOX 2304
PANAMA CITY FL 32402-2304

3. Date Incorporated or Qualified

03/09/1965

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 6475
Suite, Apt. #, etc.

26 P.O. Box 6475
Suite, Apt. #, etc.

4. FEI Number

59-1025397

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

23 West Palm Beach, Florida
City & State

28 West Palm Beach, Florida
City & State

24 33405
Zip

Country

29 33405
Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIORDAN, WILLIAM G
5833 S. BOND DR
PO BOX 277, LYNN HAVEND, FL (32444)
W. PALM BCH FL 33415

81 Name

Theresa Wildman

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

4175 VICTORIA Road

83

84 City

West Palm Beach

FL

85 Zip Code

33406

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

Theresa Wildman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOLSCLAW, JUDY	
STREET ADDRESS	500 MAY FAIR CIR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VP President	<input type="checkbox"/> DELETE
NAME	WILDMANN, THERESA	
STREET ADDRESS	4175 VICTORIA RD	
CITY - ST - ZIP	WPB FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SPARKO, EVELYN	
STREET ADDRESS	3905 BAMBOU DR	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCCRORY, LINDA	
STREET ADDRESS	3841 LAUREL DR	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MINGS, DOROTHY	
STREET ADDRESS	2670 LEAFY LANE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VP Pres	<input type="checkbox"/> DELETE
NAME	CHESTER, MARY	
STREET ADDRESS	5536 SHASTA DR	
CITY - ST - ZIP	ORLANDO FL	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Peg Ruka	
1.3 STREET ADDRESS	3218 Aster Lane Apt # P114	
1.4 CITY - ST - ZIP	Stuart, FL 34994	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Betty Josey	
2.3 STREET ADDRESS	1315 Creech Rd, Apt A	
2.4 CITY - ST - ZIP	Naples, FL 33940	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jean Posey	
3.3 STREET ADDRESS	2226 Pineway Dr	
3.4 CITY - ST - ZIP	Orlando, FL 32839	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ora Lee Stanton	
4.3 STREET ADDRESS	6846 Magnolia St N	
4.4 CITY - ST - ZIP	St. Petersburg, FL 33703	
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 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:

Theresa Wildman

Theresa Wildman

4-28-96

Date

(407) 968-2805

Daytime Phone #

CR2E037 (12/95)