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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90049 039 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 708606**

1. Corporation Name

**LICENSED PRACTICAL NURSES ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business

P.O. BOX 18457  
PENSACOLA FL 32523  
US

Mailing Address

P.O. BOX 18457  
PENSACOLA FL 32523  
US



2. Principal Place of Business

21 **1**  
Suite, Apt. #, etc.  
22 **1467 13th Ave No**

City & State  
23 **Naples FL**

Zip Country  
24 **34102** 25 **US**

2a. Mailing Address

26  
Suite, Apt. #, etc.  
27 **P.O. Box 47454**

City & State  
28 **St. Petersburg FL**

Zip Country  
29 **33743** 30 **US**

3. Date Incorporated or Qualified

**03/09/1965**

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

9. Name and Address of Current Registered Agent

**MCCREARY, LINDA**  
**3841 CHERRY LAUREL DR.**  
**PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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 **P** ☐ DELETE  
NAME **MCCREARY, LINDA**  
STREET ADDRESS **3841 CHERRY LAUREL DR.**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **VP** ☐ DELETE  
NAME **BURNETT, JOYCE**  
STREET ADDRESS **1467 13TH AVE. N.**  
CITY-ST-ZIP **NAPLES FL 33940**

TITLE **T** ☐ DELETE  
NAME **NORTH, VIRGINIA**  
STREET ADDRESS **6445 EMERSON AVE. DO.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE **D** ☐ DELETE  
NAME **JOSEY, BETTY**  
STREET ADDRESS **1315 CREECH DR. APT. A**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ DELETE  
NAME **MEREDITH, ISABEL**  
STREET ADDRESS **101 CASHEW COURT**  
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ DELETE  
NAME **STANTON, ORA L**  
STREET ADDRESS **5846 MAGNOLIA ST. N**  
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**zip- 34102**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE OF LINDA MCCREARY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/99**  
Date

**(850) 478-0359**  
Daytime Phone #

CR2E037 (1/98)