

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90259 031 ****61.25

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1. Entity Name

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



Principal Place of Business

1467 13TH AVE N
NAPLES FL 34102
US

Mailing Address

PO BOX 47454
ST PETERSBURG FL 33743
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1025397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURNETT, JOYCE
1467 13TH AVE N
NAPLES FL 34102-3467**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joyce Burnett Pres

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

(NOTE: Registered Agent signature required when reinstating)

3-16-06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P
NAME BURNETT, JOYCE ☐ Delete
STREET ADDRESS 1467 13TH AVE N
CITY-ST-ZIP NAPLES FL 34102-3467

TITLE D ☒ Delete
NAME SLANE, BARBARA
STREET ADDRESS 6709 N 11TH ST
CITY-ST-ZIP TAMPA FL 33604-5610

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 SD ☒ Delete
NAME MEREDITH, ISABEL
STREET ADDRESS 101 CASHEW COURT
CITY-ST-ZIP LONGWOOD FL 32750

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Change ☒ Addition
NAME Scott, Anne
STREET ADDRESS 5070 12 Ave SW
CITY-ST-ZIP Naples, FL 34106

TITLE D ☐ Change ☒ Addition
NAME Stanton, Anita
STREET ADDRESS 4297 Grebe St
CITY-ST-ZIP North Port FL 34289

TITLE T ☒ Change ☐ Addition
NAME NORTH VIRGINIA
STREET ADDRESS 7047 BRIARWOOD AV. N
CITY-ST-ZIP PINEHILLS PARK FL 33781

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Meredith, Isabel
STREET ADDRESS 101 Cashew Court
CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X Joyce Burnett Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-06

Date

239 262-0151

Daytime Phone #