

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 708606

1. Entity Name

LICENSED PRACTICAL NURSES ASSOCIATION OF
FLORIDA, INC.



FILED

2007 OCT 30 AM 2:27

SECRETARY OF STATE



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

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 VIRGINIA NORTH LPN
Street Address (P.O. Box Number is Not Acceptable)
1047 BRIARWOOD AVE N
PINELLAS PARK FLA
City 1 FL 33781

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

Virginia North

(NOTE: Registered Agent signature required when reinstating)

DATE

10-15-07

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

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	<input type="checkbox"/> Delete
NAME	BURNETT, JOYCE	
STREET ADDRESS	1467 13TH AVE N	
CITY-ST-ZIP	NAPLES FL 34102-3467	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANTON, ANITA	
STREET ADDRESS	4297 GROBE ST	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	T	<input type="checkbox"/> Delete
NAME	NORTH, VIRGINIA	
STREET ADDRESS	7047 BRIARWOOD AVE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEY, BETTY	
STREET ADDRESS	1315 CREECH DR. APT. A	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEREDITH, ISABEL	
STREET ADDRESS	101 CASHEW COURT	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VP	<input type="checkbox"/> 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	<u>DIRECTOR</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>800111205758</u>	
CITY-ST-ZIP	<u>10/23/07--01028--017 **70.00</u>	
TITLE	<u>SECRETARY</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<u>PRESIDENT</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>600112080596</u>	
CITY-ST-ZIP	<u>11/07/07--01040--021 **175.00</u>	
TITLE	<u>V. PRESIDENT</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<u>TREASURER</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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:

Virginia North President 10-15-07 727-549-2196