

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 708606 .

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

FILED
Sep 18, 2008 08:00 AM
Secretary of State



09042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

NORTH, VIRGINIA LPN
7047 BRIARWOOD AVE. N
PINELLAS PARK, FL 33781

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURNETT, JOYCE
STREET ADDRESS	1467 13TH AVE N
CITY - ST - ZIP	NAPLES, FL 341023467
TITLE	S
NAME	STANTON, ANITA
STREET ADDRESS	4297 GROBE ST
CITY - ST - ZIP	NORTH PORT, FL 34287
TITLE	P
NAME	NORTH, VIRGINIA
STREET ADDRESS	7047 BRIARWOOD AVE NORTH
CITY - ST - ZIP	PINELLAS PARK, FL 33781
TITLE	D
NAME	JOSEY, BETTY
STREET ADDRESS	1315 CREECH DR. APT. A
CITY - ST - ZIP	NAPLES, FL 34103
TITLE	VP
NAME	MEREDITH, ISABEL
STREET ADDRESS	101 CASHEW COURT
CITY - ST - ZIP	LONGWOOD, FL 32750
TITLE	T
NAME	STANTON, ORA L
STREET ADDRESS	5846 MAGNOLIA ST. N
CITY - ST - ZIP	ST. PETERSBURG, FL 33703

U00000959877
09/18/08-80004-001 70.00

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IN THIS SPACE**

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 LPN P

9-408