

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708606

FILED
Jun 21, 2011
Secretary of State

Entity Name: LICENSED PRACTICAL NURSES ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

1467 13TH AVE N
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 47454
ST PETERSBURG, FL 33743 US

New Mailing Address:

FEI Number: 59-1025397 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NORTH, VIRGINIA LPN
7047 BRIARWOOD AV N
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: BURNETT, JOYCE
Address: 1467 13TH AVE N
City-St-Zip: NAPLES, FL 341023467

Title: S
Name: STANTON, ANITA
Address: 4297 GROBE ST
City-St-Zip: NORTH PORT, FL 34287

Title: P
Name: NORTH, VIRGINIA
Address: 7047 BRIARWOOD AVE NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: D
Name: JOSEY, BETTY
Address: 1315 CREECH DR. APT. A
City-St-Zip: NAPLES, FL 34103

Title: VP
Name: MEREDITH, ISABEL
Address: 101 CASHEW COURT
City-St-Zip: LONGWOOD, FL 32750

Title: T
Name: STANTON, ORA L
Address: 5846 MAGNOLIA ST. N
City-St-Zip: ST. PETERSBURG, FL 33703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ORALEE STANTON

T

06/21/2011

Electronic Signature of Signing Officer or Director

Date