

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90059 008 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1025397**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCREARY, LINDA
3841 CHERRY LAUREL DR.
PENSACOLA FL 32504

Name

Joyce Burnett
Street Address (P.O. Box Number is Not Acceptable)
1467 13th Ave N

Naples
City

FL

Zip Code
34102-3467

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 CPA Pres.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/5/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **P.** ☐ Change ☐ Addition
NAME **Burnett, Joyce**
STREET ADDRESS **1467 13th Ave N**
CITY-ST-ZIP **Naples FL 34102-3467**

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

TITLE **V.P.** ☐ Change ☐ Addition
NAME **Stanton, Ora L.**
STREET ADDRESS **5846 Magnolia St. N**
CITY-ST-ZIP **St. Petersburg FL 33703**

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

TITLE **T.** ☐ Change ☐ Addition
NAME **Same**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE **D.** ☐ Change ☐ Addition
NAME **Josey, Betty**
STREET ADDRESS **1315 Creech Dr Apt A**
CITY-ST-ZIP **Naples FL 34103**

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

TITLE **D.** ☐ Change ☐ Addition
NAME **Slane, Barbara**
STREET ADDRESS **6709 N 11th St**
CITY-ST-ZIP **Tampa FL 33604-5610**

12. 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 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: **Signature Required**

6/5/03

239-269-0151

CR2E037 (10/02)