SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711857 (3)

1. Corporation Name

NURSES' PROFESSIONAL REGISTRY OF PALM BEACH COUN TY, INC.

Principal Place of Business	Mailing Address
2300 PALM LAKES BV. STE #104 IRENE TURTON R.N. PRESIDENT OF BOARD WEST PALM BEACH FL 33409	2300 PALM LAKES BV. STE #104 IRENE TURTON R.N. PRESIDENT OF BOARD WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1966
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-1154589 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

TURTON, IRENE RN
4301 WATER OAK CT.
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRKHAM, DIANE 190 SHORE DR. RIVIERA BEACH FL Delete	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition DIRECTOR JIMMIE CRUISE 460 W. 36th ST. RIVIERA BCH, FL 33404
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLINGINSMITH, SALLY 134 VILLAGE CIR JUPITER FL Delete	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition DIRECTOR JUDY GRABEL 1016 A GREENPINE BLVD. W.P.B. FL 33409
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIELSEN, INGER 250 EVERGLADES AVE PALM BEACH FL Delete	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition DIRECTOR DEE ANNA WAGNER 1821 6th AVE S. LAKE WORTH, FL 33461
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DONATH, NICOLE 8585 DOVERBROOK AVE PALM BEACH GARDENS FL Delete	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition TREASURER DOROTHY WARGA 15211 ROBERTS WAY P.O. Box 15727 LOXAHATCHEE, FL 33470 W. PALM BCH, FL 33416
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DONATH, NICOLE 8585 DOVERBROOK AVE. PALM BEACH GARDENS FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition SECRETARY FRANCES EDWARDS 4C ATRIUM CIRCLE ATLANTIS, FL 33462
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irene Turton IRENE TURTON 7/12/95 407-659-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010037