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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 711857 (3)

1. Corporation Name

NURSES' PROFESSIONAL REGISTRY OF PALM BEACH COUNTY, 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

3. Date Incorporated or Qualified
11/30/1986

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-1154589

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Irene Turton

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME CRUISE, JIMMIE
STREET ADDRESS 460 W 36TH NST
CITY-ST-ZIP RIVIERA BEACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME GRABEL, JUDY
STREET ADDRESS 1016 A GREENPINE BLVD
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME WAGNER, DEEANNA
STREET ADDRESS 1821 6TH AVE S
CITY-ST-ZIP LAKE WORTH FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T DELETE
NAME WARGA, DOROTHY
STREET ADDRESS P O BOX 15727 NA
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S DELETE
NAME FRANCES, EDWARD
STREET ADDRESS 4 C ATRIUM CIRCLE
CITY-ST-ZIP ATLANTIS FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

DATE 2/7/97

CR2E037 (9/96)