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**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 711857**

1. Corporation Name

**NURSES' PROFESSIONAL REGISTRY OF PALM BEACH COUNTY, INC.**

Principal Place of Business

2300 PALM LAKES BV. STE #104 215 L  
 IRENE TURTON R.N. PRESIDENT OF BOARD  
 WEST PALM BEACH FL 33409

Mailing Address

2300 PALM LAKES BV. STE #104 215 L  
 IRENE TURTON R.N. PRESIDENT OF BOARD  
 WEST PALM BEACH FL 33409



2. Principal Place of Business

21 2300 Palm Bch Lakes

Suite, Apt. #, etc.

22 215 L

City & State

23 West Palm Beach, FL

Zip

24 33409

Country

25 P.B. USA

2a. Mailing Address

26 2300 Palm Bch Lakes Blvd

Suite, Apt. #, etc.

27 215 L

City & State

28 West Palm Bch, FL

Zip

29 33409

Country

30 P.B. USA

3. Date incorporated or Qualified

11/30/1966

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME D  
 CRUISE, JIMMIE  
 STREET ADDRESS 480 W 36TH NST  
 CITY-ST-ZIP RIVIERA BEACH FL

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

NAME X D  
 WARGA, DOROTHY  
 STREET ADDRESS P O BOX 15727 NA  
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE  DELETE

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

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME VP  
 Carole Trammel  
 1.3 STREET ADDRESS 3920 Dorrit Ave.  
 1.4 CITY-ST-ZIP Boynton Beach, FL 33436

2.1 TITLE  Change  Addition

2.2 NAME P  
 Irene Turton  
 2.3 STREET ADDRESS 4301 Water Oak Court  
 2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

3.1 TITLE  Change  Addition

3.2 NAME D  
 Ginger Giampetro  
 3.3 STREET ADDRESS 144 Bay Colony Drive North  
 3.4 CITY-ST-ZIP Juno Beach, FL 33408

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21 199 561-689-2288

0085404

CR2F037 (4/1/98)