


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90014 047 \*\*\*\*61.25

**DOCUMENT # 711857**

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



Principal Place of Business  
**2300 PALM BEACH LAKES BLVD.  
 215 L  
 WEST PALM BEACH, FL 33409**

Mailing Address  
**2300 PALM BEACH LAKES BLVD.  
 215 L  
 WEST PALM BEACH, FL 33409**



2. Principal Place of Business  
**255 Sunrise Ave**

3. Mailing Address  
**255 Sunrise Ave**

State, Apt. #, etc.  
 Suite, Apt. #, etc.

04022004 Chg-NP CR2E037 (10/03)

City & State  
**Palm Bch, FL**

City & State  
**Palm Beach, FL**

Zip  
**33480**

Country  
**USA**

Zip  
**33480**

Country  
**USA**

4. FEI Number  
**59-1154589**

Applied for  
 Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GAINES, COLLEEN E RN  
 437-INLET-RD  
 NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

Name  
**Nancy Roe**

Street Address (P.O. Box Number is Not Acceptable)  
**104 Timber Lane**

City  
**Jupiter**

FL

Zip Code  
**33458**

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: Nancy Roe DATE: 4/2/04

Signature typed or printed name of registered agent and the filer, if applicable. (NO F: Registered Agent signature required when filing electronically)

Filing Fee is \$61.25 Due by May 1, 2004

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 <b>P</b>	<input type="checkbox"/> Delete <b>ROE, NANCY</b>	TITLE <b>President &amp; Administ.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROE, NANCY</b>	<b>104 TIMBER LANE</b>	NAME <b>President &amp; Administ.</b>	
STREET ADDRESS <b>104 TIMBER LANE</b>	<b>JUPITER, FL 33458</b>	STREET ADDRESS	
CITY-STATE-ZIP <b>JUPITER, FL 33458</b>		CITY-STATE-ZIP	
TITLE <b>AD</b>	<input type="checkbox"/> Delete <b>GAINES, COLLEEN RV</b>	TITLE <b>Vice President.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GAINES, COLLEEN RV</b>	<b>437 INLET RD</b>	NAME <b>Vice President.</b>	
STREET ADDRESS <b>437 INLET RD</b>	<b>NORTH PALM BEACH, FL 33408</b>	STREET ADDRESS	
CITY-STATE-ZIP <b>NORTH PALM BEACH, FL 33408</b>		CITY-STATE-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> Delete <b>MCCLUSKY, ANNETTE LPN</b>	TITLE <b>Treasurer</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCCLUSKY, ANNETTE LPN</b>	<b>14057 GLENLYON CT</b>	NAME <b>Treasurer</b>	
STREET ADDRESS <b>14057 GLENLYON CT</b>	<b>DELRAY BEACH, FL 33446</b>	STREET ADDRESS	
CITY-STATE-ZIP <b>DELRAY BEACH, FL 33446</b>		CITY-STATE-ZIP	
TITLE <b>S1</b>	<input type="checkbox"/> Delete <b>WADE, ANDRIA</b>	TITLE <b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WADE, ANDRIA</b>	<b>500 N. CONGRESS AVE A-203</b>	NAME <b>Director</b>	
STREET ADDRESS <b>500 N. CONGRESS AVE A-203</b>	<b>LAKE WORTH, FL 33465</b>	STREET ADDRESS	
CITY-STATE-ZIP <b>LAKE WORTH, FL 33465</b>		CITY-STATE-ZIP	
TITLE <b>AAD</b>	<input type="checkbox"/> Delete <b>BLASRO, ILENE</b>	TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLASRO, ILENE</b>	<b>1011 HICKORY TRAIL</b>	NAME <b>Secretary</b>	
STREET ADDRESS <b>1011 HICKORY TRAIL</b>	<b>WEST PALM BEACH, FL 33414</b>	STREET ADDRESS	
CITY-STATE-ZIP <b>WEST PALM BEACH, FL 33414</b>		CITY-STATE-ZIP	
TITLE <b>Sue Lawler</b>	<input type="checkbox"/> Delete <b>Sue Lawler</b>	TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Sue Lawler</b>	<b>21566 Eucalyptus Way</b>	NAME <b>Secretary</b>	
STREET ADDRESS <b>21566 Eucalyptus Way</b>	<b>Boca Raton, FL 33434</b>	STREET ADDRESS	
CITY-STATE-ZIP <b>Boca Raton, FL 33434</b>		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Nancy Roe DATE: 4/2/04 561-689-2288

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #