

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711857

FILED
Jan 07, 2005
Secretary of State

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

Current Principal Place of Business:

255 SUNRISE AVE.
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

255 SUNRISE AVE.
215 L
PALM BEACH, FL 33480

New Mailing Address:

255 SUNRISE AVE.
PALM BEACH, FL 33480

FEI Number: 59-1154589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, NANCY
104 TIMBER LANE
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

ROE, NANCY
104 TIMBER LANE
JUPITER, FL 33458 US

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.

SIGNATURE: NANCY ROE

01/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROE, NANCY
Address: 104 TIMBER LANE
City-St-Zip: JUPITER, FL 33458

Title: VP () Delete
Name: GAINES, COLLEEN RV
Address: 437 INLET RD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T () Delete
Name: MCCLUSKY, ANNETTE LPN
Address: 14057 GLENLYON CT
City-St-Zip: DELRAY BEACH, FL 33446

Title: D (X) Delete
Name: BLASRO, ILENE
Address: 1011 HICKORY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33414

Title: S (X) Delete
Name: LAULER, SUE
Address: 21566 EUCALYPTUS WAY
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GAINES, COLLEEN RN
Address: 437 INLET RD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP/S (X) Change () Addition
Name: MCCLUSKY, ANNETTE LPN
Address: 14057 GLENLYON CT
City-St-Zip: DELRAY BEACH, FL 33446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY ROE

PRES

01/07/2005

Electronic Signature of Signing Officer or Director

Date