

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 JAN 30 AM 7:51**

**DOCUMENT # 721288 (9)**

1. Corporation Name

**DISTRICT FIVE, FLORIDA NURSES' ASSOCIATION, INCO  
RPORATED**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

45 SW 31ST AVE  
MIAMI FL 33135

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MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/30/1971</b>	3a. Date of Last Report <b>04/04/1994</b>
4. FEI Number <b>59-0525965</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MCSWANE, MARILYN**  
400 NW 150 ST  
SUITE 6A  
MIAMI FL 33168

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>
NAME	<b>HARVEY, CHRISTINE</b>
STREET ADDRESS	<b>8375 S.W. 161ST STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>DISON, CHARLOTTE</b>
STREET ADDRESS	<b>8031 SW 58TH AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>HICKS, EDNA</b>
STREET ADDRESS	<b>2530 INAGUA AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>CALHOUN, PATRICIA</b>
STREET ADDRESS	<b>9681 WEST ELM LN</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>
TITLE	<b>D</b>
NAME	<b>RUSSELL, BARBARA</b>
STREET ADDRESS	<b>91736 FOUNTAINBLEAU BLVD</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>P</b>
NAME	<b>KINNAIRD, LEAH</b>
STREET ADDRESS	<b>9040 SW 97TH TERR</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ROBINSON, MARY-KEEN</b>	
1.3 STREET ADDRESS	<b>7108 S.W. 113th COURT</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33173</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>PASCAL, JODI</b>	
2.3 STREET ADDRESS	<b>221 N.W. 77th WAY</b>	
2.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JONES, SANDE</b>	
3.3 STREET ADDRESS	<b>11522 S.W. 126th TERRACE</b>	
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33176</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Christine E. Harvey Treasurer Christine E. Harvey 1/24/95 253-5647