

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 721288 (9)

1. Corporation Name

DISTRICT FIVE, FLORIDA NURSES' ASSOCIATION, INCORPORATED



Principal Place of Business

Mailing Address

45 SW 31ST AVE  
MIAMI FL 33135

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MIAMI FL 33135

3. Date Incorporated or Qualified <b>06/30/1971</b>	3a. Date of Last Report <b>01/30/1995</b>
4. FEI Number <b>59-0525965</b>	Applied For Not Applicable
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
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	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	<input checked="" type="checkbox"/> DELETE
NAME	S ROBINSON, MARY-KEEN
STREET ADDRESS	7108 S W 113TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D DISON, CHARLOTTE
STREET ADDRESS	8031 SW 58TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D JONES, SANDE
STREET ADDRESS	11522 SW 126TH TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	V CALHOUN, PATRICIA
STREET ADDRESS	9661 WEST ELM LN
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	<input type="checkbox"/> DELETE
NAME	D RUSSELL, BARBARA
STREET ADDRESS	91736 FOUNTAINBLEAU BLVD
CITY-ST-ZIP	MIAMI FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P KINNAIRD, LEAH
STREET ADDRESS	9040 SW 97TH TERR
CITY-ST-ZIP	MIAMI FL 33176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P JONES, KATHLEEN
1.3 STREET ADDRESS	11321 S.W. 100th AVENUE
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33176
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V MESSMER, PATRICIA
2.3 STREET ADDRESS	4300 JACKSON STREET
2.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33021
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S TAYLOR, BETTY ANN
3.3 STREET ADDRESS	14822 GARDEN DRIVE
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33168
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T WORTELL, LINDA
4.3 STREET ADDRESS	9820 S.W. 121st STREET
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33176
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D SAMS, UNDINE
5.3 STREET ADDRESS	2361 N.W. 31st STREET
5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33142
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D SPALL, JIM
6.3 STREET ADDRESS	13730 S.W. 90th AVENUE APT. D
6.4 CITY-ST-ZIP	MIAMI, FLORIDA 33176

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 199.032, 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: *Linda Wortell* Linda Wortell 3/11/96 (305) 271-3311 X312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)