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FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 721288 (9)

1. Corporation Name

DISTRICT FIVE, FLORIDA NURSES' ASSOCIATION, INCO  
RPORATED

Principal Place of Business

Mailing Address

45 SW 31ST AVE  
MIAMI FL 3313545 SW 31ST AVE  
MIAMI FL 33135-12143. Date Incorporated or Qualified  
06/30/19713a. Date of Last Report  
03/15/19964. FEI Number  
59-0525965Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MC SWANE, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME JONES, KATHLEEN  
STREET ADDRESS 11321 SW 100TH AVE  
CITY-ST-ZIP MIAMI FL11 TITLE D ☐ Change ☒ Addition  
12 NAME DISON, CHARLOTTE  
13 STREET ADDRESS 8031 S.W. 58th AVENUE  
14 CITY-ST-ZIP MIAMI, FLORIDA 33143TITLE V ☐ DELETE  
NAME MESSMER, PATRICIA  
STREET ADDRESS 4300 JACKSON ST  
CITY-ST-ZIP HOLLYWOOD FL21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIPTITLE S ☐ DELETE  
NAME TAYLOR, BETTY ANN  
STREET ADDRESS 14822 GARDEN DR  
CITY-ST-ZIP MIAMI FL31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIPTITLE T ☐ DELETE  
NAME WORTELL, LINDA  
STREET ADDRESS 9820 SW 121ST TERR  
CITY-ST-ZIP MIAMI FL41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME SAMS, UNDINE  
STREET ADDRESS 2361 NW 31ST STREET  
CITY-ST-ZIP MIAMI FL51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME SPALL, JIM  
STREET ADDRESS 13730 SW 90TH AVE APT D  
CITY-ST-ZIP MIAMI FL61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Linda Wortell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/28/97 305-253-2903  
Date Daytime Phone # 0028140

CR2E037 (9/96)