

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

**FILED**

**Feb 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 721288 (9)**

1. Corporation Name  
**DISTRICT FIVE, FLORIDA NURSES' ASSOCIATION, INCORPORATED**



Principal Place of Business <b>45 SW 31ST AVE MIAMI FL 33135</b>	Mailing Address <b>45 SW 31ST AVE MIAMI FL 33135</b>
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3. Date Incorporated or Qualified <b>06/30/1971</b>
4. FEI Number <b>59-0525965</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JONES, KATHLEEN</b>		1.2 NAME <b>MESSNER, PATRICIA</b>	
STREET ADDRESS <b>11321 SW 100TH AVE</b>		1.3 STREET ADDRESS <b>4300 JACKSON STREET</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP <b>HOLLYWOOD, FL 33021</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MESSMER, PATRICIA</b>		2.2 NAME <b>GREENFIELD, DEBORAH</b>	
STREET ADDRESS <b>4300 JACKSON ST</b>		2.3 STREET ADDRESS <b>7541 BUCCANEER AVENUE</b>	
CITY-ST-ZIP <b>HOLLYWOOD FL</b>		2.4 CITY-ST-ZIP <b>MIAMI, FL 33141</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TAYLOR, BETTY ANN</b>		3.2 NAME <b>LEHMANN, SARAH</b>	
STREET ADDRESS <b>14822 GARDEN DR</b>		3.3 STREET ADDRESS <b>6965 GLENEAGLE DRIVE</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		3.4 CITY-ST-ZIP <b>MIAMI LAKES, FL 33014</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WORTELL, LINDA</b>		4.2 NAME <b>JONES, SANDE</b>	
STREET ADDRESS <b>9820 SW 121ST TERR</b>		4.3 STREET ADDRESS <b>11522 S.W. 126th TERRACE</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		4.4 CITY-ST-ZIP <b>MIAMI, FL 33176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SAMS, UNDINE</b>		5.2 NAME <b>KINNAIRD, LEAH</b>	
STREET ADDRESS <b>2361 NW 31ST STREET</b>		5.3 STREET ADDRESS <b>9040 S.W. 97th TERRACE</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		5.4 CITY-ST-ZIP <b>MIAMI, FL 33176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SPALL, JIM</b>		6.2 NAME <b>PFEIFER, DONNA</b>	
STREET ADDRESS <b>13730 SW 90TH AVE APT D</b>		6.3 STREET ADDRESS <b>11721 S.W. 193rd STREET</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		6.4 CITY-ST-ZIP <b>MIAMI, FL 33177</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Sarah Lehmann* SARAH LEHMANN 2/23/98 (305)694-2873

CR2E037 (10/97)