

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90116 009 ****61.25

DOCUMENT # **781288** ✓

1. Entity Name

DISTRICT FIVE FLORIDA NURSES ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 N.W. 150 ST.

Suite, Apt. #, etc.

MIAMI, FL

City & State

3. Mailing Address

400 N.W. 150 ST.

Suite, Apt. #, etc.

MIAMI, FL

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0525965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MCSWANE, MARILYN

Street Address (P.O. Box Number is Not Acceptable)

400 N.W. 150 ST

City

MIAMI

FL

Zip Code
33168

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSELL, BARBARA 2626 S.W. 183 AVE HOLLYWOOD, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENFIELD, DEBORAH 7541 BUCCANEER AVE NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOHAM, MARY ALICE 10550 S.W. 103 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURKEL, MIRIAM 300 SOUTH POINTE DR. APT 1402 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARCHMENT, YVONNE 12291 S.W. 144 TERR MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMORE, MARJORIE 1440 S.W. 87 WAY PEMBROKE PINES, FL 33025

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Alice Yoham
MARY ALICE
YOHAM

4/21/02 305-324-3131

CR2E037B (12/01)



ATTACHMENT
721288/645943

District Five Florida Nurses Association
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~
400 N.W. 150 ST., MIAMI, FL 33168

Additional directors:

D
SORDO, ELLEN
9234 S.W. 212 TERR
MIAMI, FL 33189

D
SPARGER, KATHY
9816 S.W. 193 ST
MIAMI, FL 33157

D
TAGGART, BONNIE
96000 OVERSEAS HWY P 2
KEY LARGO, FL 33037

D
WALKER, CATHY
95 N.E. 96 ST
MIAMI SHORES, FL 33138