

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91032 026 ****61.25

DOCUMENT # 721288

1. Entity Name

**DISTRICT FIVE, FLORIDA NURSES' ASSOCIATION,
INCORPORATED**



Principal Place of Business

**400 N.W. 150 ST
MIAMI FL 33168-4226**

Mailing Address

**400 N.W. 150 ST
MIAMI FL 33168-4226**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0525965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCSWANE, MARILYN
400 NW 150 ST
MIAMI FL 33168**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HACKER, MARCIA 7340 NW 17 COURT PEMBROKE PINES FL 33024 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOHAM, MARY A 10550 SW 103 AVE MIAMI FL 33176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENFIELD, DEBORAH 7541 BUCCANEER AVE NORTH BAY VILLAGE FL 33141 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORDO, ELLEN 9234 SW 212 TERRACE MIAMI FL 33189 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARCHMENT, YVONNE 12291 S.W. 144 TERR MIAMI FL 33177 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMORE, MARJORIE 1440 S.W. 87 WAY PEMBROKE PINES FL 33025 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HACKER, MARCIA 7340 N.W. 17th COURT PEMBROKE PINES, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LITTLE, DAN 811 N.E. 80th STREET MIAMI, FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAHMOORRISI, JIL 3038 LAKEWOOD DRIVE WESTON, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIERA, ARMANDO 2560 S.W. 22nd TERRACE MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTTLIEB, JOANN 7220 S.W. 127th STREET MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAGGART, BONNIE 96000 OVERSEAS HWY. P2 KEY LARGO, FL ##) #& <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jill Marie Tahmoorissi **Jill Marie Tahmoorissi** 4/19/04 305 466-6511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment



44037425
#72688

District Five Florida Nurses Association

~~45XXYYXXXXMMXXMMXXFLXX35XX~~

Additional directors:

D

WALSH, SANDRA
540 BRICKELL KEY DRIVE-
MIAMI, FL 33131

D

EISENBERG, AMY
5941 YORK LANE
DAVIE, FL 33331

D

WESSLING, PAM
7623 S.W. 107th STREET
MIAMI, FL 33157