

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90172 001 ****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**

20046850



1st MOORE

CR2E037 (10/04)

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME HACKER, MARCIA
STREET ADDRESS 7340 NW 17 COURT
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Change ☒ Addition
NAME WALSH, SANDRA
STREET ADDRESS 540 BRICKELL KEY DRIVE
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME LITTLE, DAN
STREET ADDRESS 811 NE 80TH STREET
CITY-ST-ZIP MIAMI FL 33138

TITLE ☐ Change ☒ Addition
NAME EISENBERG, AMY
STREET ADDRESS 5941 YORK LANE
CITY-ST-ZIP DAVIE, FL 33331

TITLE ☐ Delete
NAME TAHMOORRISI, JIL
STREET ADDRESS 3038 LAKEWOOD DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33332

TITLE ☐ Change ☒ Addition
NAME WESSLING, PAM
STREET ADDRESS 7623 S.W. 107th STREET
CITY-ST-ZIP MIAMI, FL 33157

TITLE ☐ Delete
NAME RIERA, ARMANDO
STREET ADDRESS 2560 SW 22ND TERRACE
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME GOTTLIEB, JOANN
STREET ADDRESS 7220 SW 127TH STREET
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TAGGART, BONNIE
STREET ADDRESS 96000 OVERSEAS HWY P2
CITY-ST-ZIP KEY LARGO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Tahmoore **Jill Tahmoore, Treasurer** 4/12/2005 305 666-6571 2836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #