2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# 725499

Entity Name: FLORIDA NURSES ASSOCIATION

Current Principal Place of Business:

1235 EAST CONCORD STREET, ORLANDO 32803
POST OFFICE BOX 6985
ORLANDO, FL 328035408

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 53-6985
ORLANDO, FL 328536985

New Mailing Address:

FEI Number: 59-0248217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASSEY, PAULA N.
1235 EAST CONCORD STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TITTLE, MARY
Address: 10932 HARBORSIDE DR
City-St-Zip: LARGO, FL 33773

Title: S ( ) Delete
Name: HOGAN, DEBBIE
Address: 7430 PINE TREE LANE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VD ( ) Delete
Name: HOLCOMB, LYGIA
Address: 216 PAP FINN COURT
City-St-Zip: ORLANDO, FL 32828

Title: VD ( ) Delete
Name: ZANDER, PATRICIA A
Address: 9336 KETAY CIRCLE
City-St-Zip: BOCA RATON, FL 33428

Title: ED ( ) Delete
Name: MASSEY, PAULA
Address: 1150 WINDERWYCKE CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD ( ) Delete
Name: ELDER, JUNE
Address: P.O. BOX 4077
City-St-Zip: SEBRING, FL 33871

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: PETROZELLA, CAROL
Address: 8240 NW 14 ST.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: GREGG, ANDREA C
Address: 3726 SEA HAWK ST. E.
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: MARTIN, MARSHA
Address: 5333 S 75TH ST. C 19
City-St-Zip: GAINESVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA N. MASSEY ED 04/27/2006
Electronic Signature of Signing Officer or Director — Date