

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725499

FILED
May 02, 2007
Secretary of State

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:

1235 EAST CONCORD STREET
ORLANDO, FL 32803

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: PETROZELLA, CAROL
Address: 8240 NW 14 ST.
City-St-Zip: CORAL SPRINGS, FL 33071

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: RUSSELL, BARBARA
Address: 2626 SW 183RD AVE
City-St-Zip: MIRAMAR, FL 33029

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 MASSEY

ED

05/02/2007

Electronic Signature of Signing Officer or Director

Date