

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725499

FILED
Apr 29, 2008
Secretary of State

Entity Name: FLORIDA NURSES ASSOCIATION

Current Principal Place of Business:

1235 EAST CONCORD STREET
ORLANDO, FL 32803

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:

WILLA H. FULLER
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: WILLA H. FULLER

04/29/2008

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: RUSSELL, BARBARA
Address: 2626 SW 183RD AVE
City-St-Zip: MIRAMAR, FL 33029

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: P (X) Change () Addition
Name: GREGG, ANDREA
Address: 3726 SEA HAWK STREET EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: S (X) Change () Addition
Name: DAVIES, JUDITH
Address: 5349 CANNON WAY-B
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD (X) Change () Addition
Name: SKLAREN, BONNIE
Address: 5950 PELICA BAY PLAZA #PH1F
City-St-Zip: GULFPORT, FL 33707

Title: VD (X) Change () Addition
Name: HUNT, DEBI
Address: 4005 BEACON RIDGE WAY
City-St-Zip: CLERMONT, FL 34711

Title: ED (X) Change () Addition
Name: FULLER, WILLA H
Address: 2529 S. CONWAY RD. #1820
City-St-Zip: ORLANDO, FL 32812

Title: TD (X) Change () Addition
Name: NILSSON, MIKE
Address: 1520 COACHLIGHT WAY
City-St-Zip: DUNEDIN, FL 34698

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: WILLA H. FULLER

ED

04/29/2008

Electronic Signature of Signing Officer or Director

Date