

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725499

FILED  
Apr 30, 2009  
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:**

P.O. BOX 536985  
ORLANDO, FL 328536985

**FEI Number:** 59-0248217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLA H. FULLER  
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: GREGG, ANDREA  
Address: 3726 SEA HAWK STREET EAST  
City-St-Zip: JACKSONVILLE, FL 32224

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: WILLA FULLER

ED

04/30/2009

Electronic Signature of Signing Officer or Director

Date