2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# 725499

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 536985
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:

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
Name: GREGG, ANDREA
Address: 3726 SEA HAWK STREET EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: S
Name: BRUNELL, MARY LOU
Address: 1599 SKYE CT
City-St-Zip: APOPKA, FL 32712

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

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

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

Title: TD
Name: KEAR, MAVRA
Address: 1844 BEDIVERE
City-St-Zip: LAKELAND, FL 33813

I hereby 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 all other like empowered.

SIGNATURE: WILLA FULLER ED 04/29/2010

Electronic Signature of Signing Officer or Director — Date