

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725499

FILED
Feb 28, 2012
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 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: KEAR, MAVRA
Address: 1844 BEDIVERE
City-St-Zip: LAKE LAND, FL 33813

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

Title: VD
Name: BRIGGS, EDWARD
Address: 321 22ND AVENUE SE
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VD
Name: SMALL, ANNA
Address: 777 NORTH ASHLEY DR. #2604
City-St-Zip: TAMPA, FL 33602

Title: ED
Name: FULLER, WILLA H
Address: 382 W. PAR ST.
City-St-Zip: ORLANDO, FL 32804

Title: TD
Name: SMITH, GEORGE B
Address: 1213 E. MC BERRY ST.
City-St-Zip: TAMPA, FL 33603

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

02/28/2012

Electronic Signature of Signing Officer or Director

Date