

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 730661 (6)

1. Corporation Name

DISTRICT NUMBER 2 OF THE FLORIDA NURSES' ASSOCIATION



Principal Place of Business

Mailing Address

PO BOX 10062  
JACKSONVILLE FL 32247-7062

PO BOX 10062  
JACKSONVILLE FL 32247-7062

3. Date Incorporated or Qualified  
09/10/1974

3a. Date of Last Report  
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

Duval

29

30

Duval

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES, RHUDINE  
5619 FINCH STREET  
JACKSONVILLE FL 32219

81 Name

Robert Edward Deal

82 Street Address (P.O. Box Number is Not Acceptable)

202 San Pablo Rd. N.

83

84 City

Jacksonville,

FL

85 Zip Code

32225

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME HAMEL, MARION  
STREET ADDRESS 3650 WIRGEDFOOT CIRCLE  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P ☒ DELETE  
NAME CLARK, ALICE  
STREET ADDRESS 827 TOURNAMENT RD  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME F.K. Dowling  
2.3 STREET ADDRESS P.R. 1 Box 440  
2.4 CITY-ST-ZIP Sanderson, Florida 32687-9760

TITLE D ☐ DELETE  
NAME LEGER-KRALL, SUSAN  
STREET ADDRESS 132 FLORIDA AVE  
CITY-ST-ZIP MACLENNY FL 18

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MARLER, AVA  
STREET ADDRESS 5364 RIVER FOREST DR  
CITY-ST-ZIP JACKSONVILLE FL 32211

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☒ DELETE  
NAME JAMES, RHUDINE  
STREET ADDRESS 5619 FINCH AVENUE  
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Deal, Robert +  
5.3 STREET ADDRESS 202 San Pablo Rd. N.  
5.4 CITY-ST-ZIP Jacksonville, Florida 32225

TITLE V ☒ DELETE  
NAME BOOTH, L. SUE  
STREET ADDRESS 12845 GREENMEADOW PLACE  
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME Booth, L. Sue  
6.3 STREET ADDRESS 12845 Greenmeadow Place  
6.4 CITY-ST-ZIP Jacksonville, Florida 32246

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Deal

Robert Deal

4/16/96

904-221-6761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)