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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32247-0062



3. Date Incorporated or Qualified
09/10/1974

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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4. FEI Number

59-0658163

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAL, ROBERT EDWARD
202 SAN PABLO ROAD NORTH
JACKSONVILLE FL 32225

81 Name

Robert Deal

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

202 San Pablo Road North

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

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

TITLE V
NAME DOWLING, F.K.
STREET ADDRESS RR 1 BOX 440
CITY-ST-ZIP SANDERSON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

TITLE T
NAME DEAL, ROBERT
STREET ADDRESS 202 SAN PABLO ROAD N
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature, typed or printed name of signing officer or director

2/12/97 9642216761

CR2E037 (9/96)