

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730661

FILED  
Feb 14, 2005  
Secretary of State

**Entity Name:** DISTRICT NUMBER 2 OF THE FLORIDA NURSES' ASSOCIATION

**Current Principal Place of Business:**

PO BOX 57441  
JACKSONVILLE, FL 322417441

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 57441  
JACKSONVILLE, FL 322417441

**New Mailing Address:**

**FEI Number:** 59-0658163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EBENER, MARY KATHLEEN  
4118 BUDDINGTONS LANDING CT  
MIDDLEBURG, FL 32068 US

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

EBENER, MARY KATHLEEN  
936 LONGRIDGE COURT  
ORANGE PARK, FL 32065 US

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: MARY KATHLEEN EBENER

02/14/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AHRENS, WILLIAM D  
Address: 4429 ARCH CREEK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD ( ) Delete  
Name: GREGG, ANDREA  
Address: 3726 SEA HAWK STREET EAST  
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD ( ) Delete  
Name: CAFFREY, GLORIA  
Address: 2569 WINDWOOD LANE  
City-St-Zip: ORANGE PARK, FL 32073

Title: DD ( ) Delete  
Name: HOLMAN, HELEN  
Address: 585 GOLDEN LINKS DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: TD ( ) Delete  
Name: EBENER, MARY KATHLEEN  
Address: 4118 BUDDINGTON LANDING CT  
City-St-Zip: MIDDLEBURG, FL 32068

**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: TD (X) Change ( ) Addition  
Name: EBENER, MARY KATHLEEN  
Address: 936 LONGRIDGE COURT  
City-St-Zip: ORANGE PARK, FL 32065

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

TREA

02/14/2005

Electronic Signature of Signing Officer or Director

Date