

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730661

FILED
Feb 22, 2008
Secretary of State

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

Current Principal Place of Business:

2466 COUNTRY CLUB BLVD
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

2466 COUNTRY CLUB BLVD
ORANGE PARK, FL 32073

New Mailing Address:

PO BOX 57441
JACKSONVILLE, FL 32241

FEI Number: 59-0658163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOL, GORDON T
8845 CHAMBORE DRIVE
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

EBENER, MARY K
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

02/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUNLAP, ELLYN
Address: 2466 COUNTRY CLUB BLVD
City-St-Zip: ORANGE PARK, FL 32073

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

Title: VP () Delete
Name: JOHNSON-CORNETT, BELINDA
Address: 6 CONCORD PLACE
City-St-Zip: PALM COAST, FL 32137

Title: DIR () Delete
Name: OPENBRIER, DIANA
Address: 2908 LAKE SHORE BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: DIR () Delete
Name: MILAN, GLORIA
Address: 548 SAM CHASE PLACE
City-St-Zip: ORANGE PARK, FL 32073

Title: DIR () Delete
Name: RIO, GEMMA
Address: P.O. BOX 351585
City-St-Zip: JACKSONVILLE, FL 32235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: EBENER, MARY K
Address: 936 LONGRIDGE COURT
City-St-Zip: ORANGE PARK, FL 32065

Title: SEC (X) Change () Addition
Name: KURTZ, MELISSA A
Address: 2285 MARSH HAWK LANE #14202
City-St-Zip: ORANGE PARK, FL 32003

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

02/22/2008

Electronic Signature of Signing Officer or Director

Date