

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730661

FILED  
Apr 14, 2009  
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:**

936 LONGRIDGE COURT  
ORANGE PARK, FL 32065

**Current Mailing Address:**

PO BOX 57441  
JACKSONVILLE, FL 32241

**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 K  
936 LONGRIDGE COURT  
ORANGE PARK, FL 32065 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: 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: TREA ( ) Delete  
Name: EBENER, MARY K  
Address: 936 LONGRIDGE COURT  
City-St-Zip: ORANGE PARK, FL 32065

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

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: ( ) 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:

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

04/14/2009

Electronic Signature of Signing Officer or Director

Date