

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739412 (5)
1. Corporation Name
FLORIDA STATE CHAPTER OF THE ASSOCIATION OF REHABILITATION NURSES, INC.

Principal Place of Business P.O. BOX 916195 LONGWOOD FL 32779	Mailing Address P.O. BOX 916195 LONGWOOD FL 32779
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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8. Name and Address of Current Registered Agent
**FLETCHER, INA
2836 N.E. 33RD STREET
LIGHTHOUSE POINT FL 33084**

3. Date Incorporated or Qualified 06/16/1977	4. FEI Number 59-1957071	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	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HARRIS, JUDY 3196 FERNS GLEN DR. TALLAHASSEE FL 32308	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD FLETCHER, INA 2836 N.E. 33RD STREET LIGHTHOUSE POINT FL 33084	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S CUSTER, DOROTHY 1775 S. MERRIMAC DR. MERRITT ISLAND FL 32927	3.1 TITLE	☒ Change ☐ Addition
NAME		3.2 NAME	PATRICIA TAYLOR
STREET ADDRESS		3.3 STREET ADDRESS	1141 MAPLE CREEK CT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ALTAIR SPRINGS, FL 32714
TITLE	VD MCCRACKEN, SHERYL 1188 CRISPWOOD CT. APOPKA FL 32703	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S MARSHALL-NOLT, SILVIA 349 SILVER PINE DR. LAKE MARY FL 32746	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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]* *[Signature]* *[Signature]* *[Signature]*

CR2E037 (10/97)