

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006
Secretary of State

DOCUMENT# 739412

Entity Name: FLORIDA STATE CHAPTER OF THE ASSOCIATION OF REHABILITATION NURSES, INC.

Current Principal Place of Business:

P.O. BOX 50290
LIGHTHOUSE PT, FL 33074

New Principal Place of Business:

4367 WILLOW BROOK CIRCLE
WEST PALM BEACH, FL 33417

Current Mailing Address:

P.O. BOX 50290
LIGHTHOUSE PT, FL 33074

New Mailing Address:

4367 WILLOW BROOK CIRCLE
WEST PALM BEACH, FL 33417

FEI Number: 59-1957071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, INA
2836 N.E. 33RD STREET
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

DIMICK, KAREN E
4367 WILLOW BROOK CIRCLE
WEST PALM BEACH, FL 33417 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: KAREN E DIMICK

02/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PERVIN, LISA
Address: 513-A 1ST STREET
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: TD () Delete
Name: FLETCHER, INA
Address: 2836 N.E. 33RD STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: SD () Delete
Name: BRONSON, COLEEN
Address: 506 NW 26TH PL
City-St-Zip: CAPE CORAL, FL 33993

Title: VPD () Delete
Name: SCULLY, KARYN
Address: 11025 NW 37TH ST.
City-St-Zip: CORAL SPRINGS, FL 33075

Title: SD () Delete
Name: MANGAN, CAROL
Address: 4809 NE 1ST TERR
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCULLY, KARYN
Address: 11025 NW 37TH ST.
City-St-Zip: CORAL SPRINGS, FL 33075

Title: VPD (X) Change () Addition
Name: FLETCHER, INA
Address: 2836 N.E. 33RD STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: TR (X) Change () Addition
Name: DIMICK, KAREN E
Address: 4367 WILLOW BROOK CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: CS (X) Change () Addition
Name: BROWN, SUE G
Address: 516 SW 72 AVENUE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: RS (X) Change () Addition
Name: MANGAN, CAROL
Address: 4809 NE 1ST TERR
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN E DIMICK

TR

02/10/2006

Electronic Signature of Signing Officer or Director

Date