

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L35955 (8)

1. Corporation Name

PORT ST LUCIE SCHOOL OF PRACTICAL NURSING INC.



Principal Place of Business

10792 S. U.S. 1
PORT ST. LUCIE FL 34952
US

Mailing Address

10792 S. U.S. 1
PORT ST. LUCIE FL 34952
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SIMMONS, EVETT L.
211 S.E. VILLAGE DRIVE
PORT ST. LUCIE FL 34952

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified

12/11/1989

3a. Date of Last Report

04/25/1995

4. FID Number

65-0165374

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature of Agent for filing this report (Not for the corporation)

Signature of a person in the corporation (Not for the corporation)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
SMITH-DUFFUS, MABEL
2079 N. BLACKWELL DR.
PORT ST. LUCIE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

407-398-402

CR2E034 (12/95)