2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004
Secretary of State

DOCUMENT# N00000002126

Entity Name: INTERNATIONAL PARISH NURSES, INC.

Current Principal Place of Business:

5101 S.W. 114TH WAY
FORT LAUDERDALE, FL 33330

New Principal Place of Business:

Current Mailing Address:

5101 S.W. 114TH WAY
FORT LAUDERDALE, FL 33330

New Mailing Address:

FEI Number: 65-1075349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZAMOR, PAULETTE
5101 S.W. 114TH WAY
FORT LAUDERDALE, FL 33330 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:	DP	( ) Delete
Name:	ZAMOR, PAULETTE	
Address:	5101 S.W. 114TH WAY	
City-St-Zip:	FORT LAUDERDALE, FL 33330	
Title:	TS	( ) Delete
Name:	ZAMOR, KIMBERLY C	
Address:	5101 S.W. 114TH WAY	
City-St-Zip:	FORT LAUDERDALE, FL 33330	
Title:	PT	( ) Delete
Name:	ZAMOR, KETIA C	
Address:	1813 SW 101 TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33025	
Title:	T	( ) Delete
Name:	NAPOLEON, ODETTE	
Address:	8851 NE 12 AVE	
City-St-Zip:	MIAMI, FL 33138	
Title:	D	( ) Delete
Name:	ZAMOR, STANLEY	
Address:	1813 SW 101 TERR	
City-St-Zip:	PEMBROKE PINES, FL 33025	
Title:	D	( ) Delete
Name:	ZAMOR, JEAN	
Address:	5101 S.W. 114TH WAY	
City-St-Zip:	FORT LAUDERDALE, FL 33330	

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 for the exemption stated in Section 119.07(3)(i), 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: PAULETTE ZAMOR DP 07/22/2004

Electronic Signature of Signing Officer or Director — Date