

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002126

FILED
Apr 14, 2006
Secretary of State

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 (X) 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 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: STANLEY ZAMOR

D

04/14/2006

Electronic Signature of Signing Officer or Director

Date