

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002126

FILED  
May 02, 2007  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

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

05/02/2007

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      (X) Delete  
Name: ZAMOR, KETIA C  
Address: 1813 SW 101 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: T      (X) 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

**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:

I hereby certify that the information supplied with this filing does not qualify 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

05/02/2007

Electronic Signature of Signing Officer or Director

Date