FILED
Aug 28, 2003 8:00 am
Secretary of State
08-28-2003 90067 043 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004808

1. Entity Name
SOUTH FLORIDA CONFERENCE OF GERONTOLOGICAL NURSE PRACTITIONERS, INC.

Principal Place of Business
937 DICKENS PLACE
WEST PALM BEACH, FL 33411

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: SAME
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number: 65-1120702 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEISSMAN, GEGE
1141 DUNCAN CIRCLE #204
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW. FEE IS $61.25 Initial or Amended UBR

Pay this

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	PD ☑ Change ☐ Addition
NAME	WEISMAN, GEGE	NAME	GEGE WEISSMAN
STREET ADDRESS	1141 DUNCAN CIRCLE #204	STREET ADDRESS	937 DICKENS PLACE NEW ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PLANCENSIA, IVELISSE	NAME	
STREET ADDRESS	1535 YELLOWHEART WAY	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOUHY, THERIS A	NAME	
STREET ADDRESS	1410 NE 42 CT	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33334	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROMAN, MARLENE	NAME	
STREET ADDRESS	10024 COUNTRY BROOK RD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E031 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (X) Georgann V. Weissman 8/21/03 954-462-8046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #