

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # N01000009050

1. Entity Name

**MID FLORIDA DEVELOPMENTAL DISABILITIES NURSES
ASSOCIATION NETWORK, INC.**



Principal Place of Business

**9241 54TH STREET
PINELLAS PARK, FL 33782**

Mailing Address

**9241 54TH STREET
PINELLAS PARK, FL 33782**



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3709007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, CAROLYN
9241 54TH STREET
PINELLAS PARK, FL 33782**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SMITH, CAROLYN**
STREET ADDRESS **9241 54TH STREET**
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE **SD**
NAME **MARTIN, MARY**
STREET ADDRESS **1230 RICHMOND RD**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **TD**
NAME **HAWKINS, CECELIA**
STREET ADDRESS **3214 CORK RD**
CITY-ST-ZIP **PLANT CITY, FL 33565**

TITLE **PD**
NAME **TUPPER, LINDA**
STREET ADDRESS **16535 BLENHEIM DR**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000390010
01/23/06-80008-008 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Cecelia R Hawkins 1-10-06 Cecelia R. Hawkins (813) 810-0403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #