

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

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

08-01-2003 90057 013 \*\*\*\*61.25

**DOCUMENT # NO1000009050**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3709007**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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**

**After September 10, 2003, min will be \$236.25**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **CLISBY, HOLLI**  
STREET ADDRESS **12010 COLONIAL ESTATES LANE**  
CITY-ST-ZIP **RIVERVIEW FL 32569**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Martin, Mary**  
STREET ADDRESS **1230 Richmond Rd.**  
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **TD** ☐ Delete  
NAME **BARKS, LEE**  
STREET ADDRESS **1 VILLAGE GREEN**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Leticia S. Barks **REQUIRED** Leticia S. Barks 7-30-03 (407) 333-2133

CR2E037 (4/03)