2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N02000003139

Entity Name: NIGHTINGALE CENTER ASSOCIATION, INC.

Current Principal Place of Business:

100 NIGHTINGALE LANE
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

100 NIGHTINGALE LANE
GULF BREEZE, FL 32561 US

New Mailing Address:

PO BOX 1347
GULF BREEZE, FL 32562 US

FEI Number: 51-0478501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUBKOWITZ, ADELA F
100 NIGHTINGALE LANE
GULF BREEZE, FL 32561 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: VPD ( ) Delete
Name: FITE, DONNA
Address: 206 CENTER RD
City-St-Zip: GULF BREEZE, FL 32561

Title: TD ( ) Delete
Name: OTTENSMEYER, MARGARET
Address: 206 CENTER RD.
City-St-Zip: GULF BREEZE, FL 32561

Title: PD ( ) Delete
Name: LUBKOWITZ, ADELA F
Address: 100 NIGHTINGGALE LANE
City-St-Zip: GULF BREEZE, FL 32561

Title: SD ( ) Delete
Name: LUBKOWITZ, JOAQUIN
Address: 100 NIGHTINGALE LANE
City-St-Zip: GULF BREEZE, FL 32561

Title: D (X) Delete
Name: LUBKOWITZ, JOAQUIN
Address: 100 NIGHTINGALE LANE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: LUBKOWITZ, JOAQUIN
Address: 206 CENTER RD.
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: LUBKOWITZ, ADELA F
Address: 100 NIGHTINGALE LANE
City-St-Zip: GULF BREEZE, FL 32561

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: ADELA F. LUBKOWITZ P 04/28/2008

Electronic Signature of Signing Officer or Director — Date