2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# N02000009253

Entity Name: FLORIDA ASSOCIATION OF PUBLIC HEALTH NURSES,INC.

Current Principal Place of Business:

1305 IDLEWILD HIGHWAY 16
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

14940 FEATHERSTONE WAY
DAVIE, FL 33331

Current Mailing Address:

P.O. BOX 306
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 56-2339603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RIVERA, LILLIAN
8323 NW 12 ST
SUITE 212
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

CRAWFORD, SUSAN
PO BOX 771403
WINTER GARDEN, FL 34777 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: SUSAN CRAWFORD 04/13/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	RIVERA, LILLIAN	
Address:	8323 NW 12 ST	
City-St-Zip:	MIAMIA, FL 33126	
Title:	DP	( ) Delete
Name:	SUSAN, CRAWFORD	
Address:	475 W STORY RD	
City-St-Zip:	ORLANDO, FL 34761	
Title:	DVP	( ) Delete
Name:	KANE-CRAWFORD, AMALIA	
Address:	205 NW 6TH AVENUE	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	DVP	( ) Delete
Name:	CAROL, CUMMINS	
Address:	10841 LITTLE ROAD	
City-St-Zip:	NEW PORT RICHEY, FL 34654	
Title:	DS	( ) Delete
Name:	MATHEWS, FRANKIE	
Address:	2965 MUNICIPAL WAY	
City-St-Zip:	TALLAHASSEE, FL 32304	
Title:	DT	( ) Delete
Name:	PAPPAS, CARMELLA	
Address:	221 HOSPITAL DRIVE	
City-St-Zip:	FT. WALTON, FL 32548	

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARMELLA PAPPAS DT 04/13/2005
Electronic Signature of Signing Officer or Director — Date