

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000009253**

1. Entity Name

FLORIDA ASSOCIATION OF PUBLIC HEALTH  
NURSES, INC.



Principal Place of Business

14940 FEATHERSTONE WAY  
DAVIE FL 33331

Mailing Address

P.O. BOX 22994  
FT. LAUDERDALE FL 33335



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

56-2339603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAWFORD, SUSAN  
6650 CR 535  
WINDERMERE FL 34786

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 *Susan Crawford*

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

3/10/06

FILE NOW: FEE IS \$81.25  
Due By May 1, 2006

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 DP ☐ Delete  
NAME BILYEU, LINDA  
STREET ADDRESS 11321 CYPRESS TRAIL DRIVE  
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☐ Add  
NAME 1100000477864  
STREET ADDRESS 04/07/06-80007-002 70.00  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME VICK, STEPHANIE  
STREET ADDRESS 411 EMERALD BAY CIRCLE, A 1  
CITY-ST-ZIP NAPLES FL 34110

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

TITLE DVP ☐ Delete  
NAME RYAN, JUDITH A  
STREET ADDRESS 811 E. 17TH AVENUE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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

TITLE DVP ☐ Delete  
NAME WOOD, BETSY  
STREET ADDRESS 4052 BALD CYPRESS WAY BIN C27  
CITY-ST-ZIP TALLAHASSEE FL 32399

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

TITLE DS ☐ Delete  
NAME MCMILLAN, MARIE  
STREET ADDRESS 14940 FEATHERSTONE WAY  
CITY-ST-ZIP DAVIE FL 33331

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

TITLE DT ☐ Delete  
NAME KANE-CRAWFORD, AMALIA  
STREET ADDRESS 8445 SICILIANO STREET  
CITY-ST-ZIP BOYNTON BEACH FL 33437

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Amalia Kane-Crawford*

Whit B 2006 (954) 788-6061