2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR

FILED
Feb 21, 2007 8:00 am
Secretary of State
02-21-2007 90029 015 ****70.00

DOCUMENT # N02000009253

1. Entity Name

FLORIDA ASSOCIATION OF PUBLIC HEALTH NURSES,INC.

Principal Place of Business	Mailing Address
14940 FEATHERSTONE WAY DAVIE FL 33331	P.O. BOX 22994 FT. LAUDERDALE FL 33335

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BILYEU, LINDA 11321 CYPRESS TRAIL DRIVE ORLANDO FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VICK, STEPHANIE 411 EMERALD BAY CIRCLE, A 1 NAPLES FL 34110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VICK, Stephanie 411 Emerald Bay Circle, A1 Naples, Florida 34110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP RYAN, JUDITH A 811 E. 17TH AVENUE NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SURRENCY, SHARON 11215 S.E. 223 Terrace Hawthorne, Fl. 32640	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WOOD, BETSY 4052 BALD CYPRESS WAY BIN C27 TALLAHASSEE FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CURTIS, Charlotte 4035 Benchmark Trace Tallahassee, Fl. 32317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MCMILLAN, MARIE 14940 FEATHERSTONE WAY DAVIE FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Edwards, Ethel 1125 NW 46 th Ave Fort Lauderdale, Fl. 33313	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KANE-CRAWFORD, AMALIA 8445 SICILIANO STREET BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

AMALIA F. KANE-CRAWFORD

SIGNATURE: Amalia F. Kane-Crawford Feb. 7, 2007 (954)788-6064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #