

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90021 039 \*\*\*\*70.00

**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 - 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**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

**CRAWFORD, SUSAN  
6650 CR 535  
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

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  
Due By: May 1, 2008**

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

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS SURRENCY, SHARON  
CITY-ST-ZIP 11215 SE 223 TERRACE  
HAWTHORNE FL 32640

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

TITLE ☒ Delete  
NAME DVP  
STREET ADDRESS CURTIS, CHARLOTTE  
CITY-ST-ZIP 4035 BENCHMARK TRACE  
TALLAHASSEE FL 32317

TITLE ☒ Delete  
NAME DVP  
STREET ADDRESS EDWARDS, ETHEL  
CITY-ST-ZIP 1125 NW 46TH AVE  
FORT LAUDERDALE FL 33313

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
NAME Pres - Elect  
STREET ADDRESS Vacant  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 1st Vice President  
STREET ADDRESS Katherine Masow  
CITY-ST-ZIP 6124 Pimlico Court  
Tallahassee, Florida 32309

TITLE ☐ Change ☐ Addition  
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 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 J. Kane-Crawford*

02-06-2008 (706) 820-7662