

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009253

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

14940 FEATHERSTONE WAY
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22994
FT. LAUDERDALE, FL 33335

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:

CRAWFORD, SUSAN
6650 CR 535
WINDERMERE, FL 34786 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: DP () Delete
Name: SURRENCY, SHARON
Address: 11215 SE 223 TERRACE
City-St-Zip: HAWTHORNE, FL 32640

Title: DP () Delete
Name: VICK, STEPHANIE
Address: 411 EMERALD BAY CIRCLE, A 1
City-St-Zip: NAPLES, FL 34110

Title: 1VP () Delete
Name: MASON, KATHERINE
Address: 6124 PIMLICO COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: DS () Delete
Name: MCMILLAN, MARIE
Address: 14940 FEATHERSTONE WAY
City-St-Zip: DAVIE, FL 33331

Title: DT () Delete
Name: KANE-CRAWFORD, AMALIA
Address: 8445 SICILIANO STREET
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: VICK, STEPHANIE
Address: 411 EMERALD BAY CIRCLE A-1
City-St-Zip: NAPLES, FL 34110

Title: DP (X) Change () Addition
Name: SURRENCY, SHARON
Address: 11215 SE 223 TERRACE
City-St-Zip: HAWTHORNE, FL 32640

Title: DPE (X) Change () Addition
Name: WHETSELL, CYNTHIA
Address: P.O BOX 429
City-St-Zip: NAPLES, FL 34106

Title: DS (X) Change () Addition
Name: SCHIMPF, PAULA
Address: 1224 GRENADA BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: DT (X) Change () Addition
Name: KANE-CRAWFORD, AMALIA
Address: 144 DURANCE DRIVE
City-St-Zip: FLINTSTONE, GA 30725

Title: 1VP () Change (X) Addition
Name: NULAND, JUDITH
Address: 250 STELLA MARIE DRIVE
City-St-Zip: NAPLES, FL 34114

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: AMALIA KANE-CRAWFORD

DT

04/16/2009

Electronic Signature of Signing Officer or Director

Date