

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009253

FILED
Mar 14, 2012
Secretary of State

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

Current Principal Place of Business:

144 DURANCE DRIVE
FLINTSTONE, GA 30725 US

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 SAWYER SHORES LANE
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
Name: HUNTER, HANNA
Address: 2190 BAYBERRY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: DPE
Name: THACKERAY, BOBBIE
Address: 18930 RUSTIC WOODS TRAIL
City-St-Zip: ODESSA, FL 33556 US

Title: DPP
Name: BENTON-BROWN, NAOMI
Address: 1801 NW 26 TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: DSIN
Name: COE, FAYE
Address: 16625 VALLEY DRIVE
City-St-Zip: TAMPA, FL 33618

Title: DT
Name: KANE-CRAWFORD, AMALIA
Address: 144 DURANCE DRIVE
City-St-Zip: FLINTSTONE, GA 30725

Title: 1VP
Name: HOGAN, DEBORAH
Address: 7430 PINE TREE LANE
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby 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 all other like empowered.

SIGNATURE: AMALIA KANE-CRAWFORD

DT

03/14/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date