

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/4/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$365)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # N04984 (3)**

1. Corporation Name  
**SOUTH FLORIDA NURSE EDUCATORS, INC.**

Principal Place of Business Mailing Address  
**1110 SW 110TH TERR DAVIE FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/05/1984** 3a. Date of Last Report **07/21/1994**  
4. FEI Number **59-2447273** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
8. This corporation has liability for intangible tax under s. 199.052, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SHOCKLEY, DEBORA  
3450 NE 12TH AVE  
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. 9437E Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SEAYER, JEAN
STREET ADDRESS	2745 SE SECOND COURT
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	P
NAME	GAULE, LEE
STREET ADDRESS	10516 MENDOCINE LANE
CITY - ST - ZIP	BOCA RATON FL
TITLE	S
NAME	MCCAFFREY, RUTH
STREET ADDRESS	2375 GERTRUDE LANE
CITY - ST - ZIP	LANTANA FL
TITLE	T
NAME	CASTONGUAY, PATRICIA
STREET ADDRESS	1110 SW 110TH TERRACE
CITY - ST - ZIP	DAVIE FL
TITLE	D
NAME	PERRA, BARBARA
STREET ADDRESS	15805 W WATERSIDE CIR.
CITY - ST - ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Castonguay PATRICIA CASTONGUAY 6/6/95 (005) 587-5010  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date (Typed Name #)

CR2E037 (3/95)