

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005500

FILED
Apr 17, 2009
Secretary of State

Entity Name: MULTICULTURAL NURSING ORGANIZATION, INC.

Current Principal Place of Business:

392 ADAIR ST
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

39 CALLAO STREET
PUNTA GORDA, FL 33983

Current Mailing Address:

392 ADAIR ST
PORT CHARLOTTE, FL 33954

New Mailing Address:

39 CALLAO STREET
PUNTA GORDA, FL 33983

FEI Number: 20-3214332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OAKS, DAVID K PA
407 E MARION AVE STE 101
PUNTA GORDA, FL 33950 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: D () Delete
Name: WINT, JACQUELINE
Address: 392 ADAIR ST
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: DPS () Delete
Name: MCINTOSH, JACQUELINE
Address: 2077 LAKEVIEW BLVD
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DV () Delete
Name: JONES, DOROTHY
Address: 18181 BLY AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DT () Delete
Name: JOHNSON, JOCELYN
Address: 3073 CLIFFORD ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: TAYLOR, FRED
Address: 1600 VISCAYE DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAPTISTE, NANCY
Address: 39 CALLAO STREET
City-St-Zip: PUNTA GORDA, FL 33983

Title: VP (X) Change () Addition
Name: EDWARDS, SYBIL
Address: 2103 LYNX RUN
City-St-Zip: NORTH PORT, FL 34288

Title: S (X) Change () Addition
Name: BACCHUS, YVETTE
Address: 3894 JANUARY AVENUE
City-St-Zip: NORTH PORT, FL 34288

Title: T (X) Change () Addition
Name: BEYDE, IRENE
Address: 20510 ALBURY DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D (X) Change () Addition
Name: TAYLOR, FERDINAND
Address: 1600 VISCAYE DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Change (X) Addition
Name: WINT, JACQUELINE
Address: 392 ADAIR STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

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: BAPTISTE NANCY

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date