

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 05, 2007 8:00 am**  
**Secretary of State**

01-05-2007 90029 048 \*\*\*\*61.25

**DOCUMENT # N05000009940**

1. Entity Name  
**COMMUNITY PARISH NURSING, INC.**



Principal Place of Business  
**1342 VICKERS ROAD  
TALLAHASSEE, FL 32303**

Mailing Address  
**1342 VICKERS ROAD  
TALLAHASSEE, FL 32303**

**40000027**



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**56-2559817**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BECK, RUTH  
1914 MYRICK ROAD  
TALLAHASSEE, FL 32303**

**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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **D** ☐ Delete  
NAME **BECK, ROGER**  
STREET ADDRESS **1914 MYRICK RD**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **D** ☐ Delete  
NAME **BOYETTE, JANICE**  
STREET ADDRESS **1433 N ADAMS # 101**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **D** ☐ Change ☐ Addition  
NAME **Ruth Beck**  
STREET ADDRESS **1914 Myrick Rd**  
CITY-ST-ZIP **Tallahassee, FL 32303**

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

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

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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 Chapter 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:**

*Roger Beck*

**Roger Beck**

**1-3-07**

**850-562-8846**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #