

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90007 026 ****61.25

DOCUMENT # N06000003868					
1. Entity Name THE KATHARINE DREXEL NURSING OUTREACH, INC.					
Principal Place of Business 425 S.W. 4TH STREET BELLE GLADE, FL 33430			Mailing Address 425 S.W. 4TH STREET BELLE GLADE, FL 33430		
2. Principal Place of Business - No P.O. Box # 136 S. MAIN ST.		3. Mailing Address 900 SW AVE J			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BELLE GLADE FL		City & State BELLE GLADE FL		4. FEI Number 26-0281227	
Zip 33430		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKHART, PAUL ESQ. 800 VILLAGE SQUARE CROSSING SUITE 108 PALM BEACH GARDENS, FL 33410			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE PT	<input type="checkbox"/> Delete				
NAME MEEHAN, ANNE SR.					
STREET ADDRESS 900 SW AVENUE J					
CITY-ST-ZIP BELLE GLADE, FL 33430					
TITLE S	<input checked="" type="checkbox"/> Delete				
NAME VANBROCKLIN, GLORIA					
STREET ADDRESS 900 SW AVENUE J					
CITY-ST-ZIP BELLE GLADE, FL 33430					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME VAN BROCKLIN, GLORIA					
STREET ADDRESS 2693 BARCLAY STE					
CITY-ST-ZIP WPB, FL 33415					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Sister Anne Meehan</i> ANNE MEEHAN 7-25-07 561-716-3957					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40127310



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