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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 AUG 30 PH 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35984 (6)

1. Corporation Name

FLORIDA CHAPTER OF THE NATIONAL FLIGHT NURSES ASSOCIATION, INC.

Principal Place of Business

THERESA LEAVER
6881 SW 27 CT.
MIRAMAR FL 33023
US

Mailing Address

22 WEST YALE ST
#1111
ORLANDO FL 32804
US

3. Date Incorporated or Qualified
01/08/1990

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3021971

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORBETT, PATRICIA
22 WEST YALE ST
JEFFERSON RD.
ORLANDO FL 32804

81 Name

Jim Howard

82 Street Address (P.O. Box Number is Not Acceptable)

206 Lake Ray Road, Hawthorne, FL (physical)

83

Mailing Address; POB 141114

84 City

Gainesville, FL

FL

85 Zip Code

32614

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 JIM HOWARD

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

CORBETT, PATRICIA

☐ DELETE

STREET ADDRESS

22 W YALE ST

CITY-ST-ZIP

ORLANDO FL

TITLE

PED

HOWARD, JIM

☐ DELETE

STREET ADDRESS

P O BOX 14114

CITY-ST-ZIP

GAINESVILLE FL

TITLE

D

POWERS, CINDY

☒ DELETE

STREET ADDRESS

682 TUSCORA DR

CITY-ST-ZIP

WINTER SPRINGS FL 32708

TITLE

D

VUKICH, LORRAINE

☐ DELETE

STREET ADDRESS

655 WEST 8TH ST

CITY-ST-ZIP

JACKSONVILLE FL

TITLE

T

LEAVER, TERESA

☐ DELETE

STREET ADDRESS

6881 SW 27TH CT

CITY-ST-ZIP

MIRAMAR FL

TITLE

S

SAUM, PEGGY

☐ DELETE

STREET ADDRESS

12919 HUNTLEY MANOR DR

CITY-ST-ZIP

JACKSONVILLE FL

1.1 TITLE

D

Corbett, Patricia

☒ Change

☐ Addition

1.2 NAME

22 W. Yale St.

1.3 STREET ADDRESS

Orlando, FL 32804

1.4 CITY-ST-ZIP

2.1 TITLE

DP

Howard, Jim

☒ Change

☐ Addition

2.2 NAME

P.O. Box 14114 NIA

2.3 STREET ADDRESS

Gainesville, FL

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NO change

NO change

JB 9-5-96

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 119.07(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:

Theresa Leaver

(Theresa Leaver)

4-13-96

954-9634752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)