

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

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 32804-5947 US
--------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

3. Date Incorporated or Qualified 01/08/1990	3a. Date of Last Report 08/30/1996
4. FEI Number 59-3021971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Joseph W. Pearce	2a. Mailing Address 26 4000 Conway Place Cir.
Suite, Apt. #, etc. 22 4000 Conway Place Cir.	Suite, Apt. #, etc. 27 4000 Conway Place Cir.
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip 24 32812	Country 25
Zip 29 32812	Country 30

9. Name and Address of Current Registered Agent HOWARD, JIM 206 LAKE RAY ROAD HAWTHORNE FL		10. Name and Address of New Registered Agent 81 Name Joseph W. Pearce 82 Street Address (P.O. Box Number is Not Acceptable) 4000 CONWAY PLACE CIR. 83 84 City Orlando FL 85 Zip Code 32812	
------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 *Joseph W. Pearce* **Joseph W. Pearce** 1/17/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBETT, PATRICIA 22 W YALE ST ORLANDO FL 32804	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V SUMMERS, DAVID 231 MOCCASIN TRAIL WEST JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOWARD, JIM P O BOX 14114 N/A GAINESVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Howard, Jim 206 LAKE RAY RD HAWTHORNE, FL 32614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED PEARCE, JOSEPH 4000 CONWAY PLACE CIR. ORLANDO FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	P PEARCE, Joseph W. 4000 CONWAY PLACE CIR. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VUKICH, LORRAINE 655 WEST 8TH ST JACKSONVILLE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Keith, LORRAINE 655 WEST 8TH ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEAVER, TERESA 6881 SW 27TH CT MIRAMAR FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D/SIT POWERS, CINDY 682 TUSCORA DR WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAUM, PEGGY 12919 HUNTLEY MANOR DR JACKSONVILLE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joseph W. Pearce* **Joseph W. Pearce** 1/17/97
Signature typed or printed name of signing officer or director Date Daytime Phone # 0018508

CR2E037 (9/96)