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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
Jan 30 1998 8:00 am
Secretary of State

DOCUMENT # **N35984** (6)

1. Corporation Name

FLORIDA CHAPTER OF THE NATIONAL FLIGHT NURSES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

JOSEPH W PEARCE
4000 CONWAY PLACE CIR
ORLANDO FL 32812
US

4000 CONWAY PLACE CR
ORLANDO FL 32812
US

3. Date Incorporated or Qualified

01/08/1990

4. FEI Number

59-3021971

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

PEARCE, JOSEPH W.
4000 CONWAY PLACE CR
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name

DAVID SUMMERS

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

231 MOCCASIN TRAIL WEST

83 City

JUPITER

FL

85 Zip Code

33458-8028

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE DAVID A. SUMMERS, President FL Chapter of the NFNA 1/21/98

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE

NAME SUMMERS, DAVID
STREET ADDRESS 231 MOCCASIN TRAIL WEST
CITY-ST-ZIP JUPITER FL

TITLE **D** ☒ DELETE

NAME HOWARD, JIM
STREET ADDRESS 206 LAKE RAY RD
CITY-ST-ZIP HAWTHORNE FL

TITLE **P** ☐ DELETE

NAME PEARCE, JOSEPH
STREET ADDRESS 4000 CONWAY PLACE CIR.
CITY-ST-ZIP ORLANDO FL

TITLE **D** ☐ DELETE

NAME KEITH, LORRAINE
STREET ADDRESS 655 WEST 8TH ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE **DST** ☐ DELETE

NAME POWSER, CINDY
STREET ADDRESS 682 TUSCORA DR
CITY-ST-ZIP WINTER SPRINGS FL

TITLE **S** ☒ DELETE

NAME SAUM, PEGGY
STREET ADDRESS 12919 HUNTLEY MANOR DR
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME SUMMERS, DAVID
1.3 STREET ADDRESS 231 MOCCASIN TRAIL WEST
1.4 CITY-ST-ZIP JUPITER, FL 33458-8028

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME PEARCE, Joseph
3.3 STREET ADDRESS 4000 CONWAY PLACE CIR.
3.4 CITY-ST-ZIP ORLANDO, FL 32812

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: DAVID A. SUMMERS, PRESIDENT (DAVID A. SUMMERS) 1-21-98 561-744-6942

CR2E037 (10/97)