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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35984

1. Corporation Name

FLORIDA CHAPTER OF THE NATIONAL FLIGHT NURSES ASSOCIATION, INC.

Principal Place of Business

JOSEPH W PEARCE
 4000 CONWAY PLACE CIR
 ORLANDO FL 32812
 US

Mailing Address

4000 CONWAY PLACE CR
 ORLANDO FL 32812
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 CINDY POWSER	26 682 TUSCORA DR	01/08/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 682 TUSCORA DRIVE	27	59-3021971
City & State	City & State	Applied For
23 WINTER SPRINGS FL	28 WINTER SPRINGS FL	<input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 32708	25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29 32708	30 USA	

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 A. SUMMERS
82 Street Address (P.O. Box Number is Not Acceptable)	231 MOCCASIN TRAIL WEST
83	
84 City	JUPITER FL
85 Zip Code	33458-8008

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

DAVID A. SUMMERS - PASSPORT

29 JAN 99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	IV → <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, DAVID	1.2 NAME	SUMMERS, DAVID
STREET ADDRESS	231 MOCCASIN TRAIL WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, JIM	2.2 NAME	SCOTT, JOHN
STREET ADDRESS	206 LAKE RAY RD	2.3 STREET ADDRESS	AEROMET 40 TGH
CITY-ST-ZIP	HAWTHORNE FL	2.4 CITY-ST-ZIP	2 COLUMBIA DR TAMPA, FL 33606
TITLE	P → <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, JOSEPH	3.2 NAME	PEARCE, JOSEPH
STREET ADDRESS	4000 CONWAY PLACE CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH, LORRAINE	4.2 NAME	JORDAN, GLENN
STREET ADDRESS	655 WEST 8TH ST	4.3 STREET ADDRESS	6808 COLUMBIA AVE.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	LAKE WORTH, FL
TITLE	DST → <input type="checkbox"/> DELETE	5.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWSER, CINDY	5.2 NAME	POWSER, CINDY
STREET ADDRESS	682 TUSCORA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUM, PEGGY	6.2 NAME	DAVIS, PAULA
STREET ADDRESS	12919 HUNTLEY MANOR DR	6.3 STREET ADDRESS	1924 SW 146th ST.
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	NEWBERRY, FL 32669

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, with all other like empowered.

SIGNATURE:

DAVID A. SUMMERS

29 JAN 99 561.882.6429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

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